

Non-invasive deep brain stimulation

Nx-436

'Advanced methods for human neuromodulation'

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Ecole Federale Polytechnique de Lausanne (EPFL)

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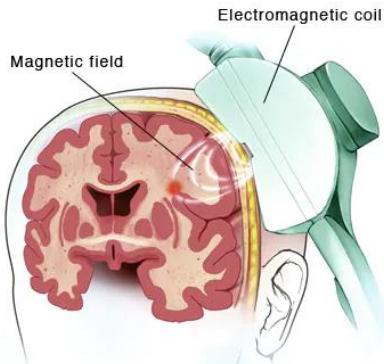
Non-invasive deep brain stimulation

- 2 methods that will be discussed
 - Deep TMS
 - Transcranial temporal interference stimulation (tTIS)
- Concepts and Mechanisms of these methods

Applications

Challenges/Limitations

Optimization

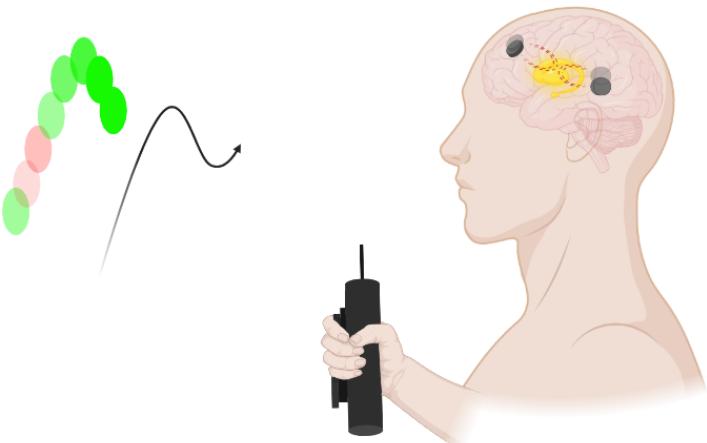


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Non-invasive deep brain stimulation

deep TMS

transcranial temporal
interference stimulation (tTIS)

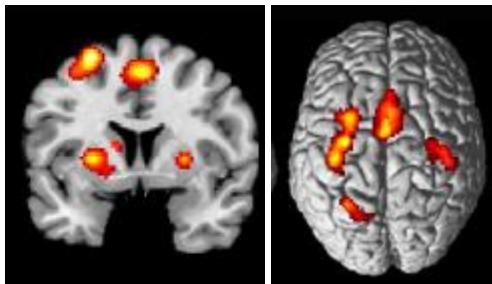


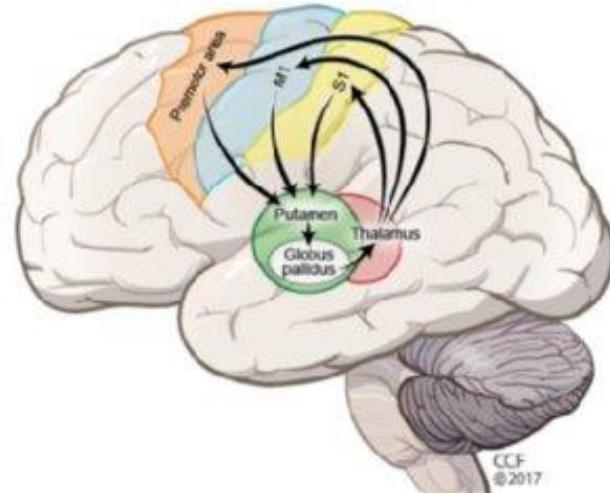


Motor Learning



Memory



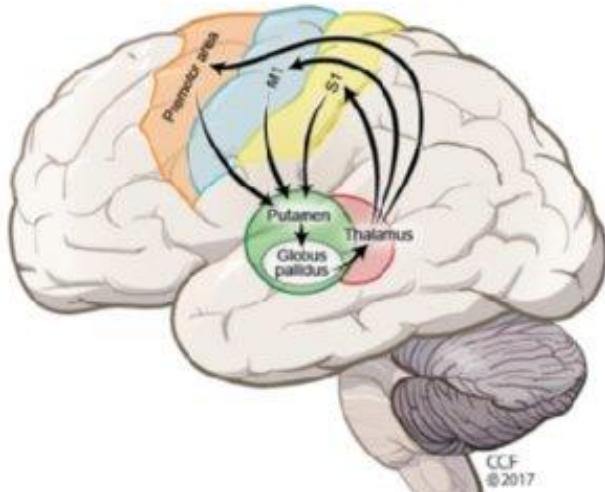


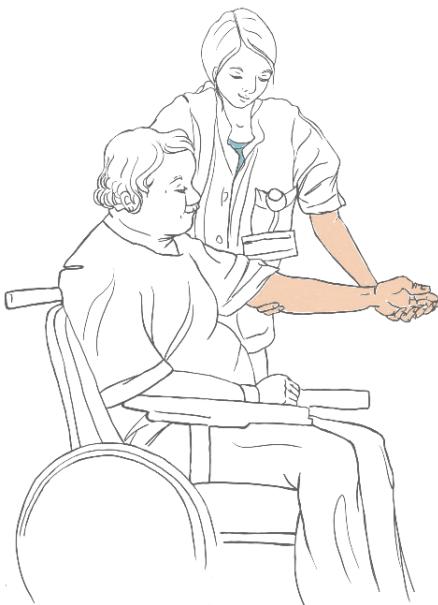


Stroke

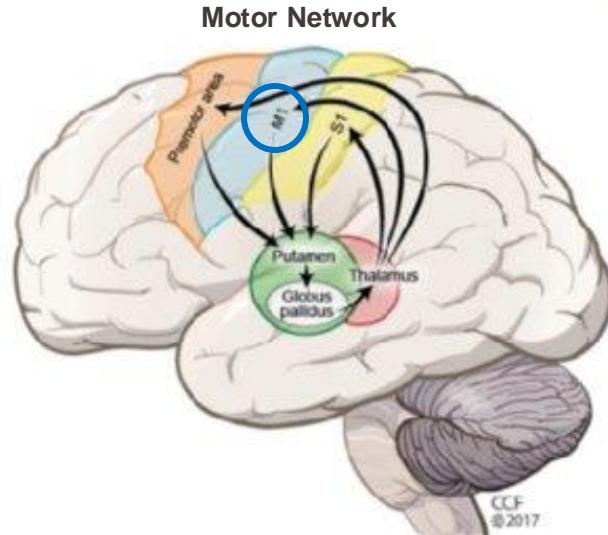


Parkinson's





Non-invasive brain stimulation



e.g., Maceira-Elvira *et al.* 2022 Sci Adv, Nat Nsc; Zimerman *et al.* 2013 Ann Neurol; Zimerman *et al.* 2014 Cerebral Cortex; Nitsche *et al.* 2000 J Physiol

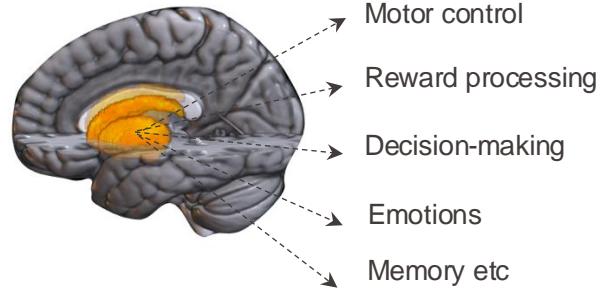
Stroke recovery: Hummel *et al.* 2005 Brain; Hummel & Cohen 2006 Lancet Neurology



Deep brain regions are altered in many **neuro-psychiatric disorders**:

e.g., **striatum, hippocampus, thalamus, DLPFC**

- Stroke
- Apathy
- Parkinsons' disease
- Epilepsy
- Dementia...

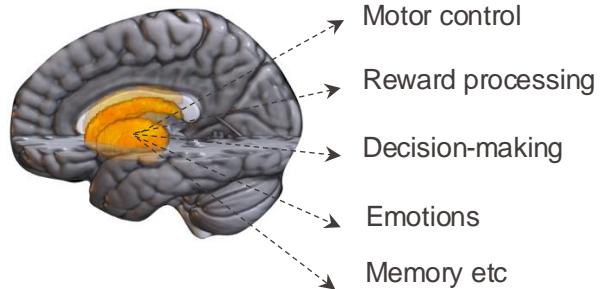




Deep brain regions are altered in many **neuro-psychiatric disorders**:

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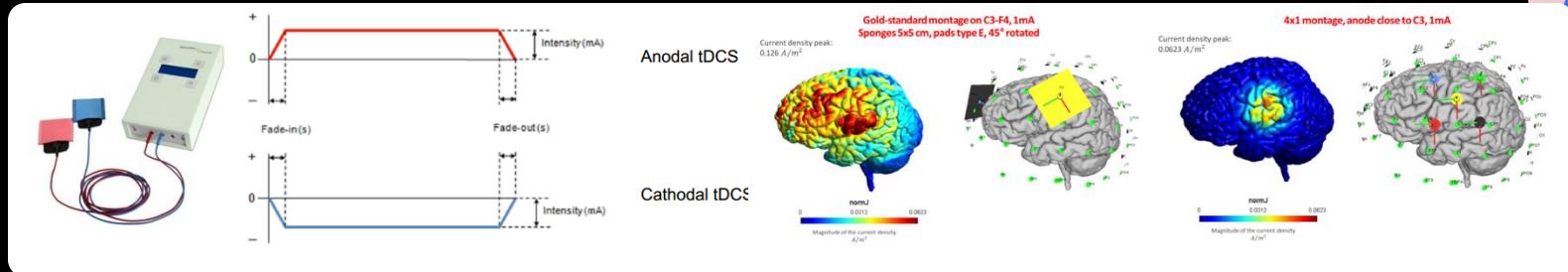
- Stroke
- Apathy
- Parkinsons' disease
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- Dementia...



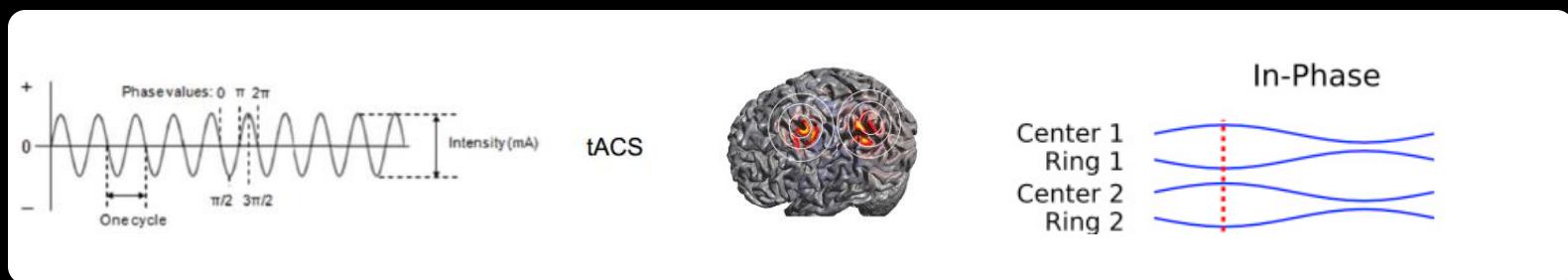
Challenge: focal, non-invasive deep brain stimulation is not possible with conventional approaches due to steep depth-focality trade-off



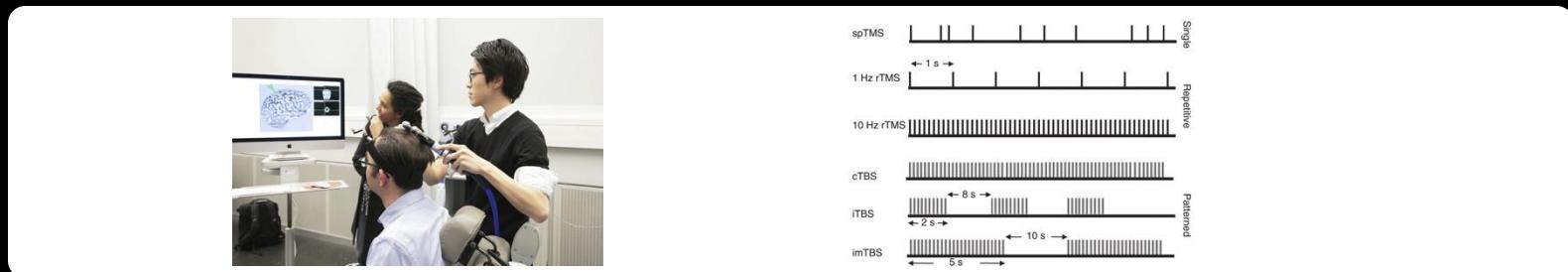
transcranial Direct Current Stimulation (tDCS)



transcranial Alternating Stimulation (tACS)

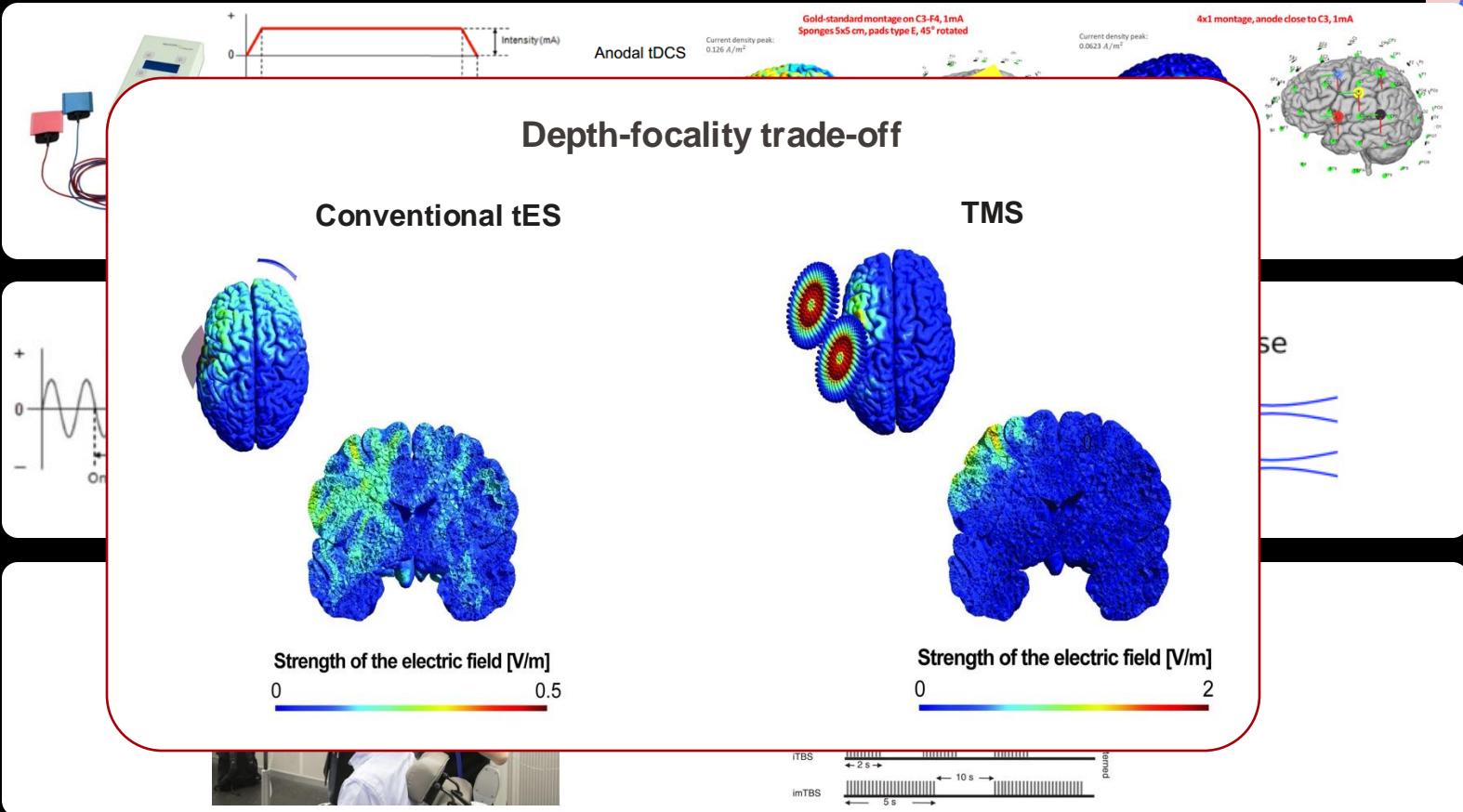


transcranial Magnetic Stimulation (TMS)





transcranial
Direct Current
Stimulation
(tDCS)

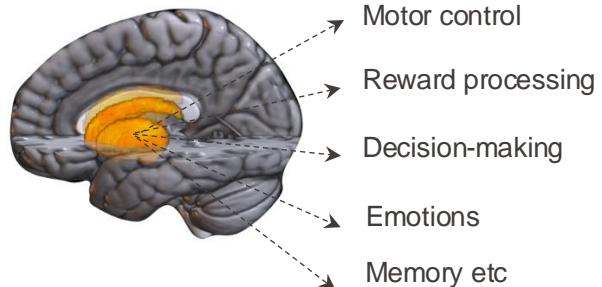




Deep brain regions are altered in many **neuro-psychiatric disorders**:

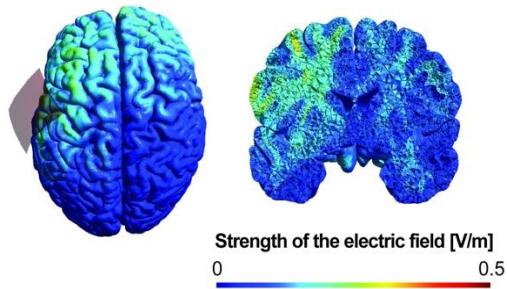
e.g., **striatum, hippocampus, thalamus, DLPFC**

- Stroke
- Apathy
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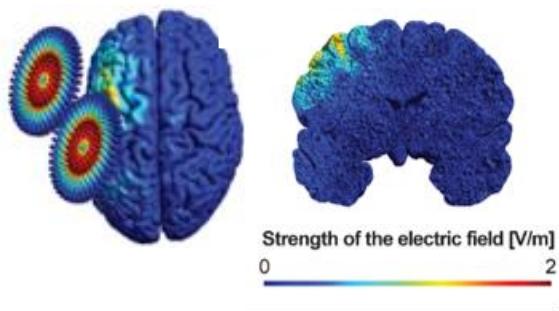


Challenge: focal, non-invasive deep brain stimulation is not possible with conventional approaches

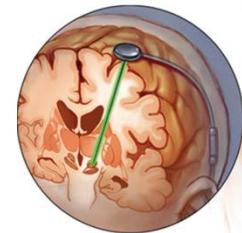
Conventional tES



TMS

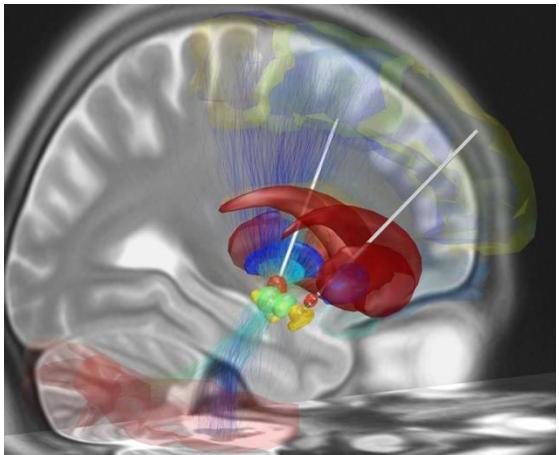


Deep brain stimulation
is so far **limited to**
invasive methods





(Adaptive) Deep Brain Stimulation

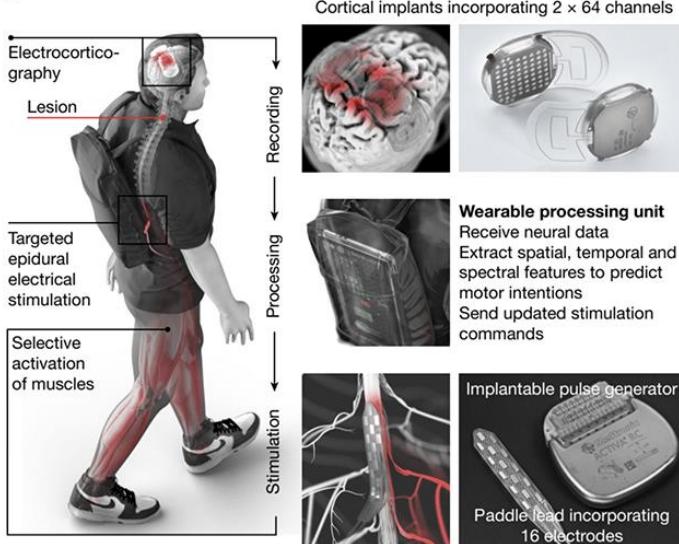


For review e.g., Marcegli *et al.* (2024) JNE

- Effective, excellent for 24/7 use
- Invasive with respective side effects
- Costly
- Not accessible for a large part of patients (e.g., only 2-4% of PD patients have DBS treatment)
- Not for responder, non-responder testing (personalization)

Brain Spine Bridge – Spinal Cord Stimulation

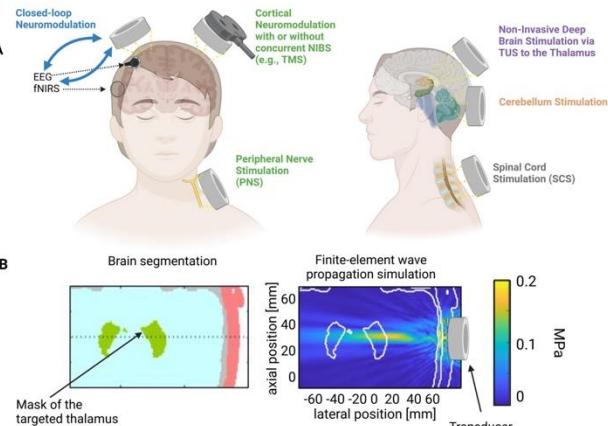
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Lorach *et al.* (2023) Nature

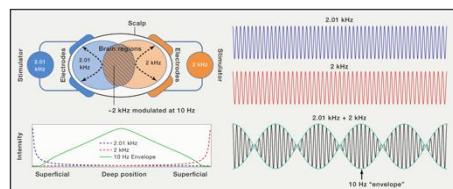
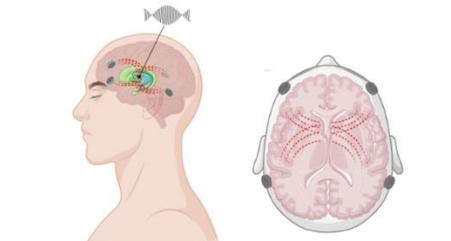


transcranial focused Ultrasound (tUS)



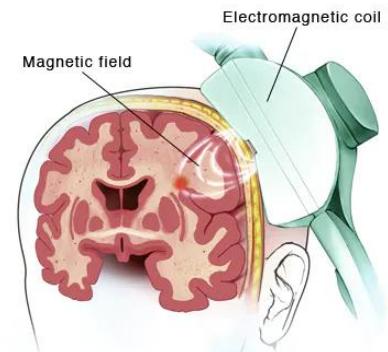
For review e.g., Yüksel et al. *IEEE EMBS* 2024

transcranial Temporal Interference electrical Stimulation (tTIS)



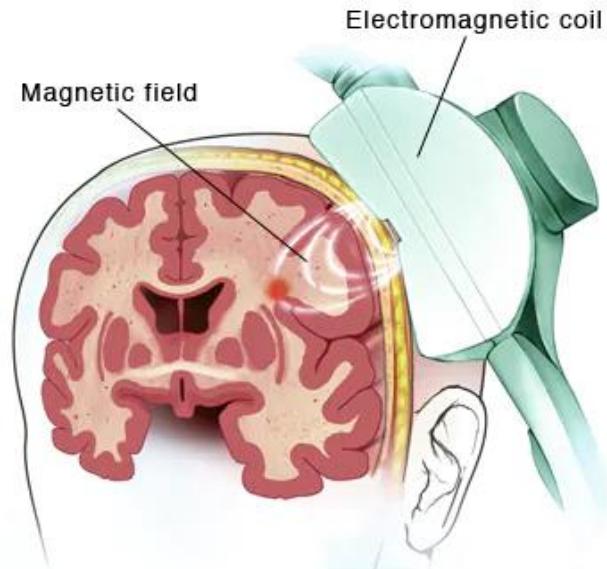
Hummel & Wessel *Nature Review Neurology* 2024
 Vassiliadis et al. *Nature Human Behavior* 2024
 Beanato et al. *Science Advances*, 2024
 Wessel, Beanato et al. *Nature Neuroscience* 2023
 Violante et al. *Nature Neuroscience* 2023
 Grossman et al. *Cell* 2017

Deep TMS



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Bersani et al. *Eur Psychiatry* 2013
 Di Passa et al. *J Psychiatr Res.* 2024

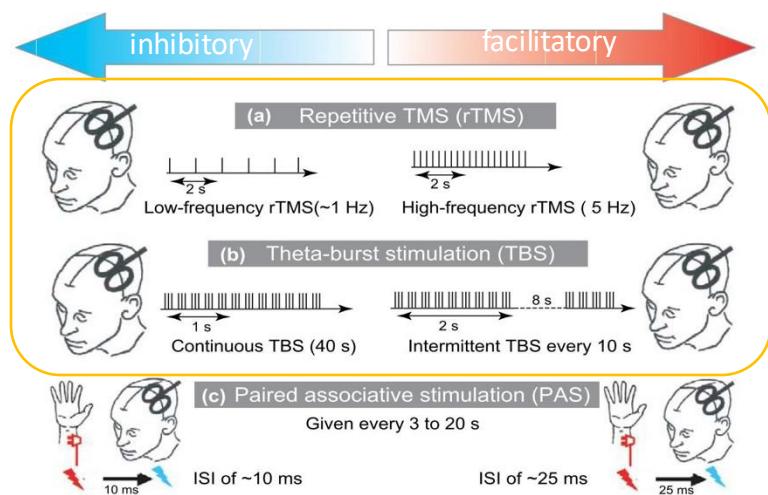
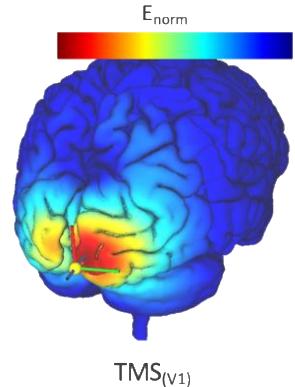
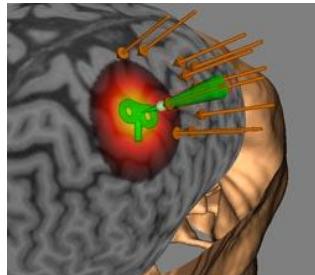
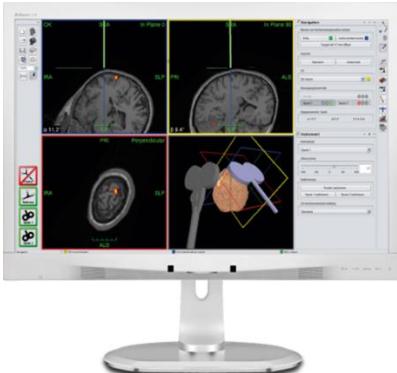


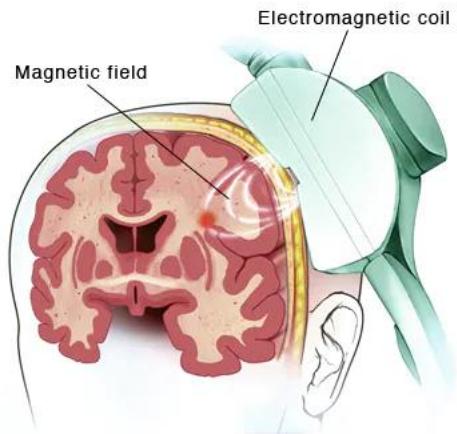
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deep TMS

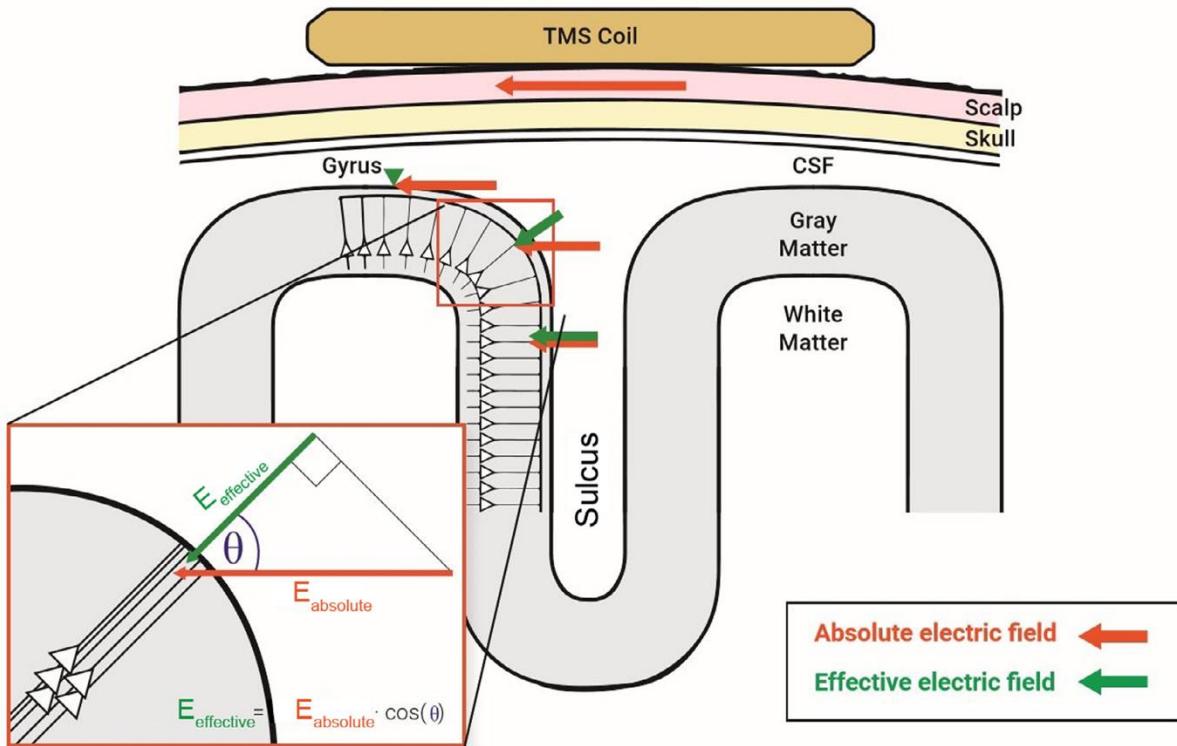


Transcranial Magnetic Stimulation (TMS)

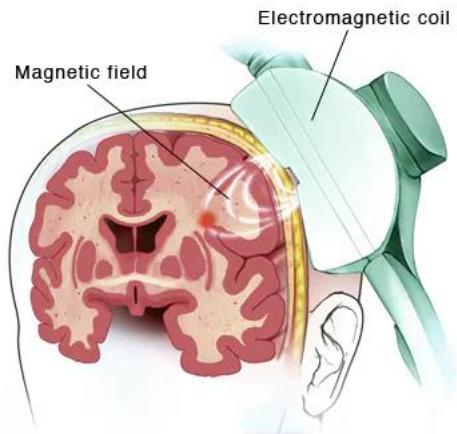




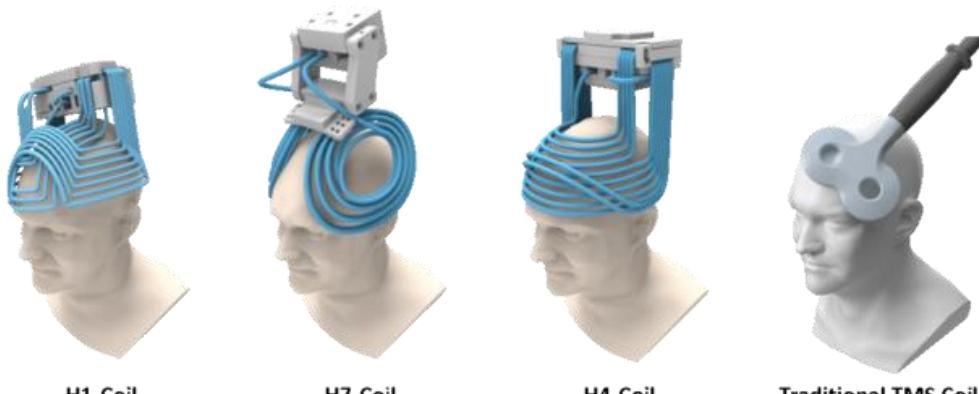
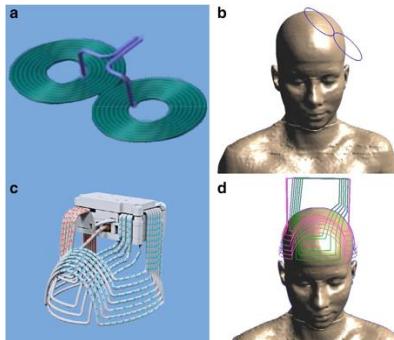
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Absolute electric field ←
Effective electric field ←



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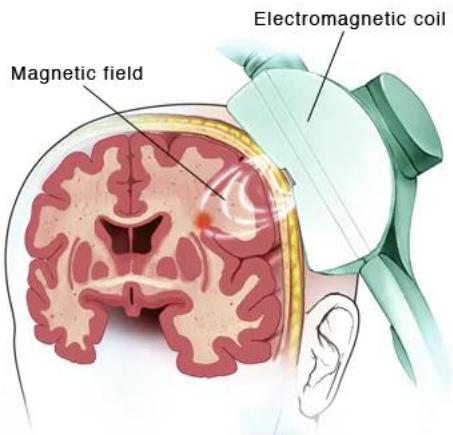


H1-Coil

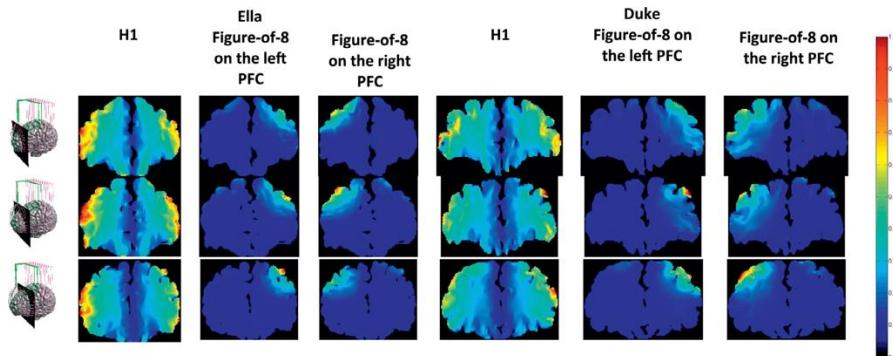
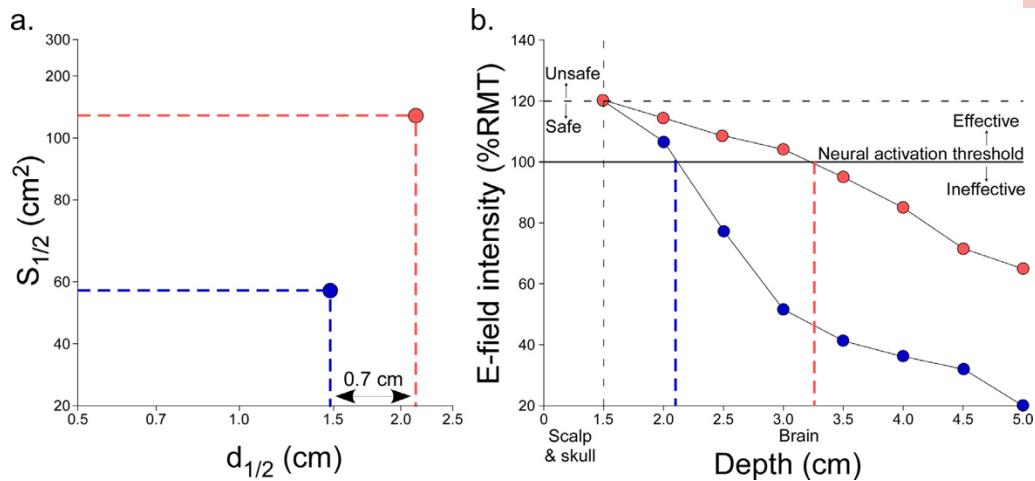
H7-Coil

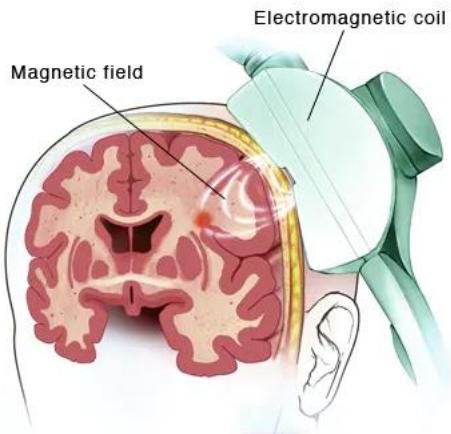
H4-Coil

Traditional TMS Coil

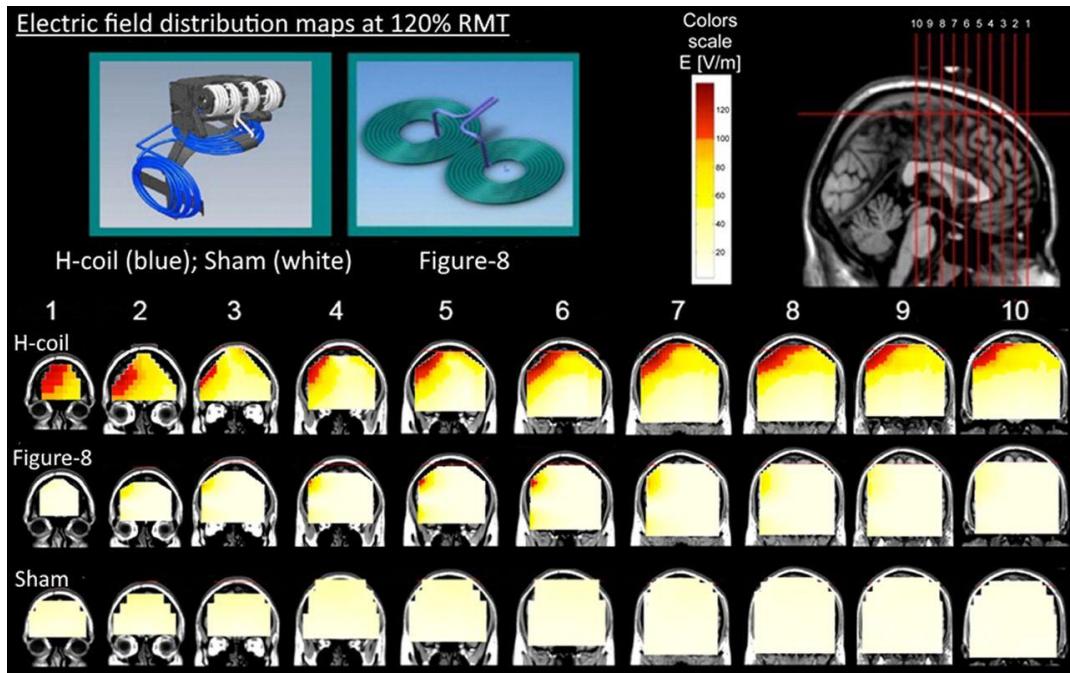


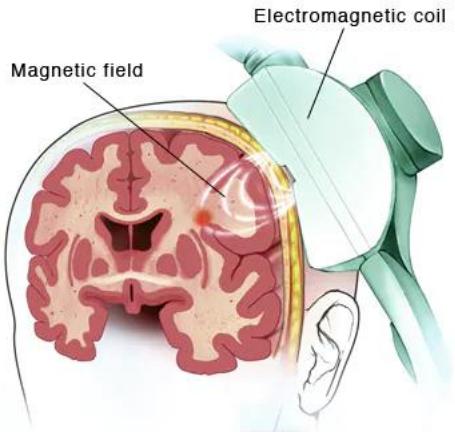
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Deep TMS has been CE-marked to treat:

Patients diagnosed with major depressive disorder.

Patients diagnosed with obsessive-compulsive disorder.

Patients diagnosed with smoking addiction.

Patients diagnosed with Alzheimer's disease.

Patients diagnosed with autism.

Patients diagnosed with bipolar disorder.

Patients diagnosed with chronic pain.

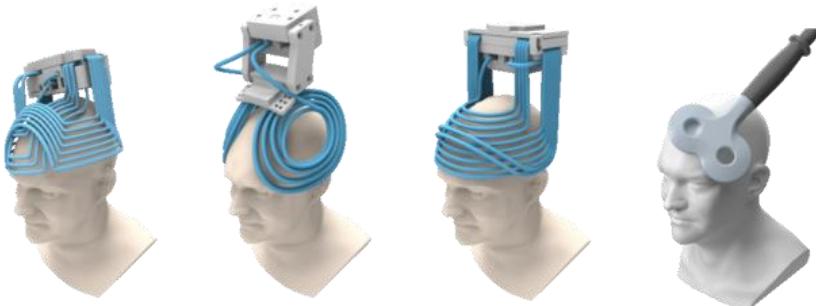
Patients diagnosed with multiple sclerosis (MS).

Patients diagnosed with Parkinson's disease.

Patients diagnosed with post-stroke rehabilitation.

Patients diagnosed with post-traumatic stress disorder (PTSD).

Patients diagnosed with negative symptoms of schizophrenia



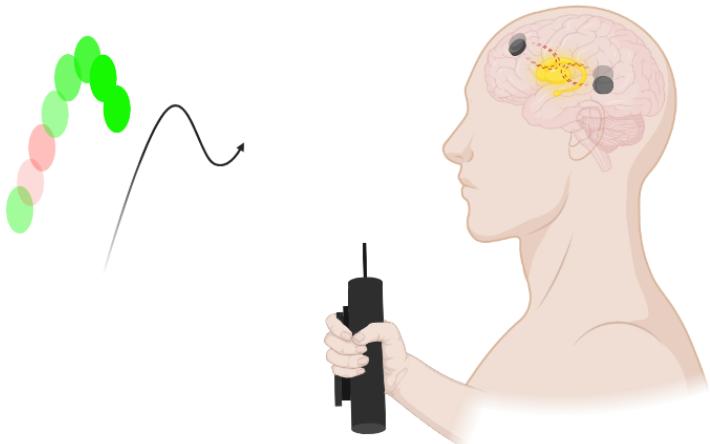
H1-Coil
for Major Depressive
Disorder (MDD)

H7-Coil
for Obsessive-Compulsive
Disorder (OCD)

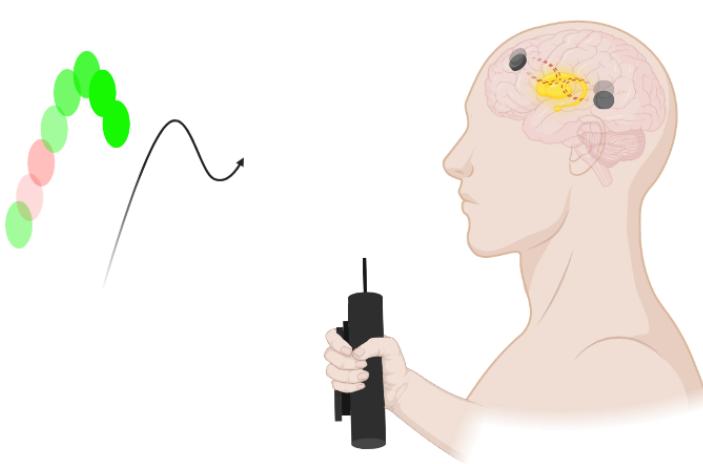
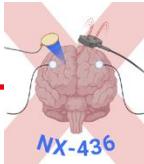
H4-Coil
for Smoking
Cessation

Traditional TMS Coil
for Major Depressive
Disorder (MDD)

- Deep TMS by means of H-Coils allows to reach deeper (cortical) structure
- Lower focality then classical Figure of 8 coils
- Based on special coil architecture
- Improves treatment effects
- However, still limited to the Cortex!

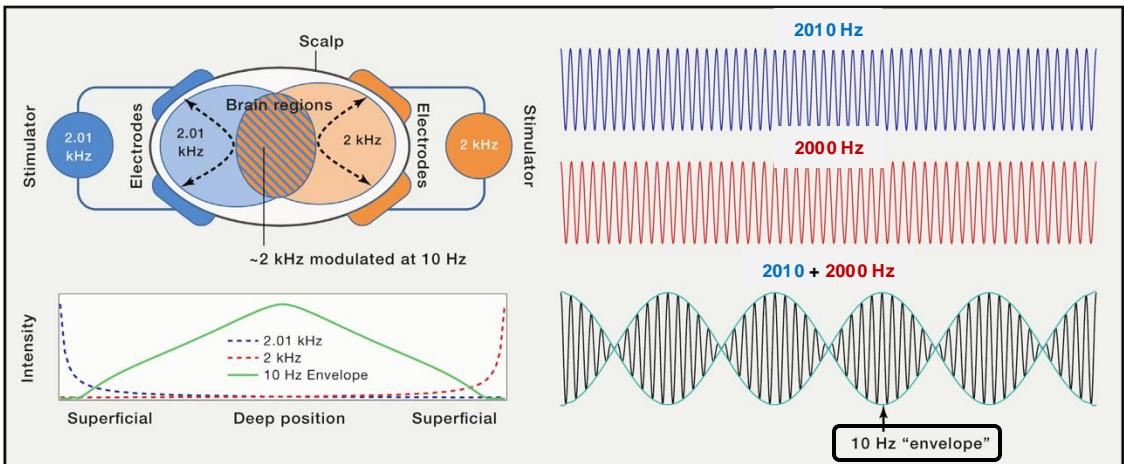
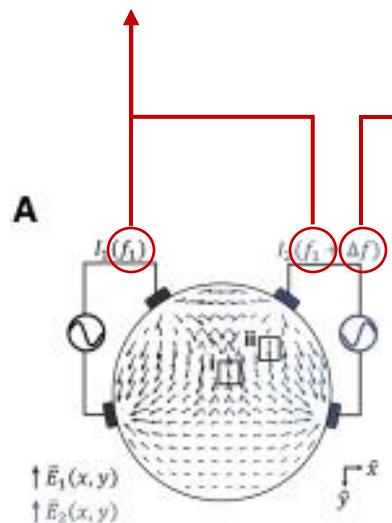


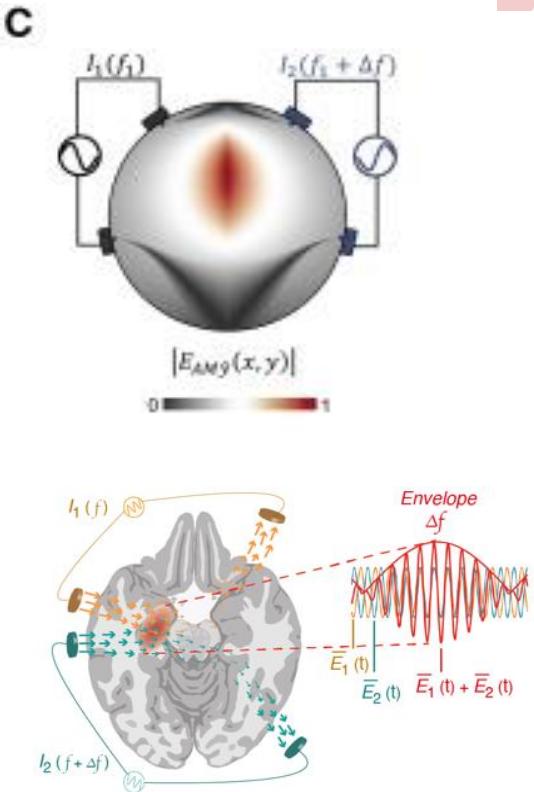
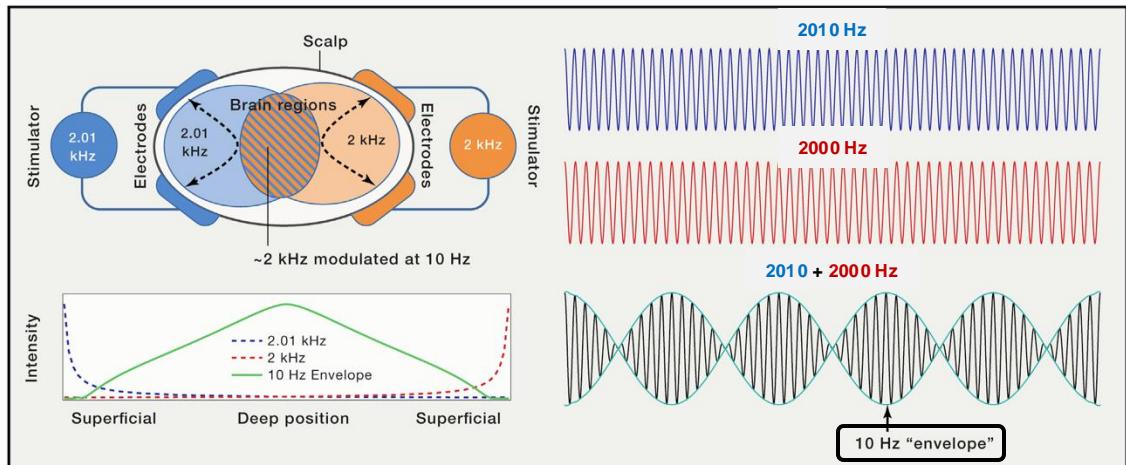
tTIS

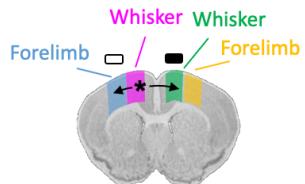




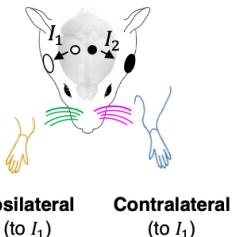
High frequency outside neural operation Frequency recruiting neurons



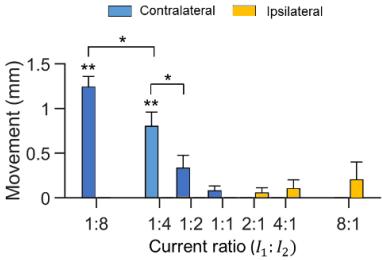




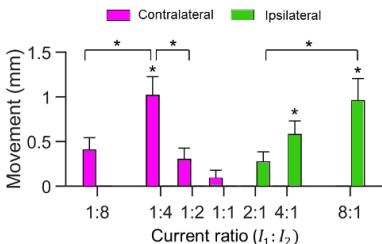
↑ → Movement

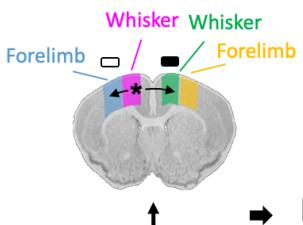


Mean (\pm s.e.m) Forepaw Movement

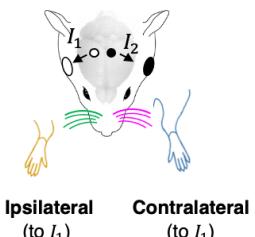


Mean (\pm s.e.m) Whisker Movement

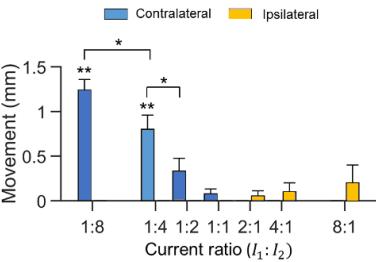




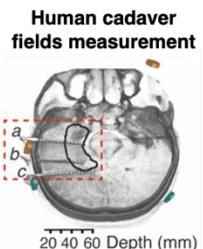
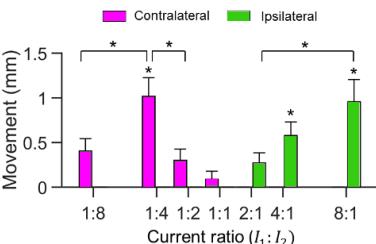
↑ → Movement



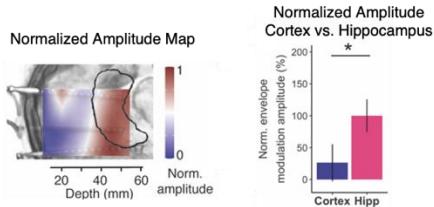
Mean (\pm s.e.m) Forepaw Movement



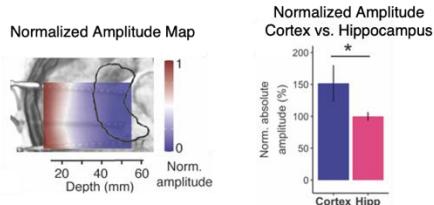
Mean (\pm s.e.m) Whisker Movement

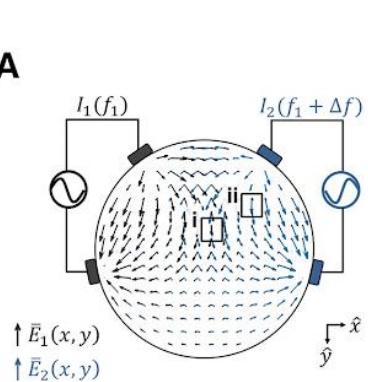
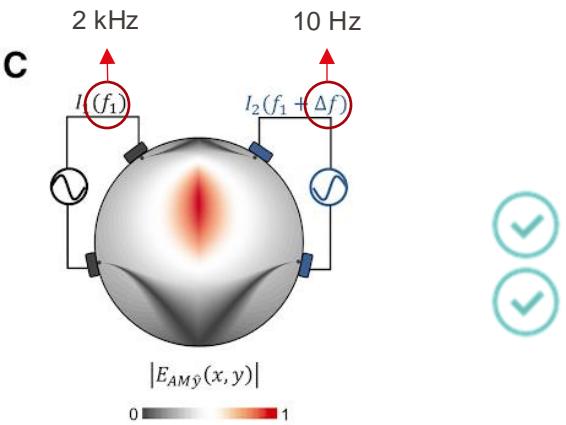


Envelope Amplitude (TI stimulation)



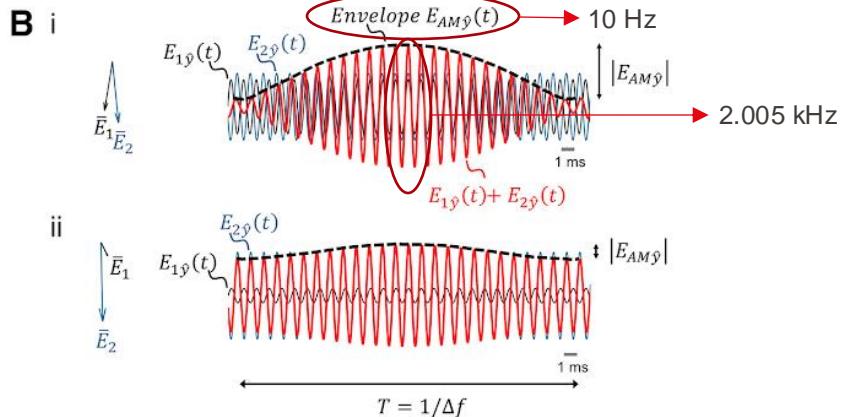
Absolute Amplitude (normal AC stimulation)



A**C**

Good **spatial** resolution

Able to **reach deep brain structures**

B



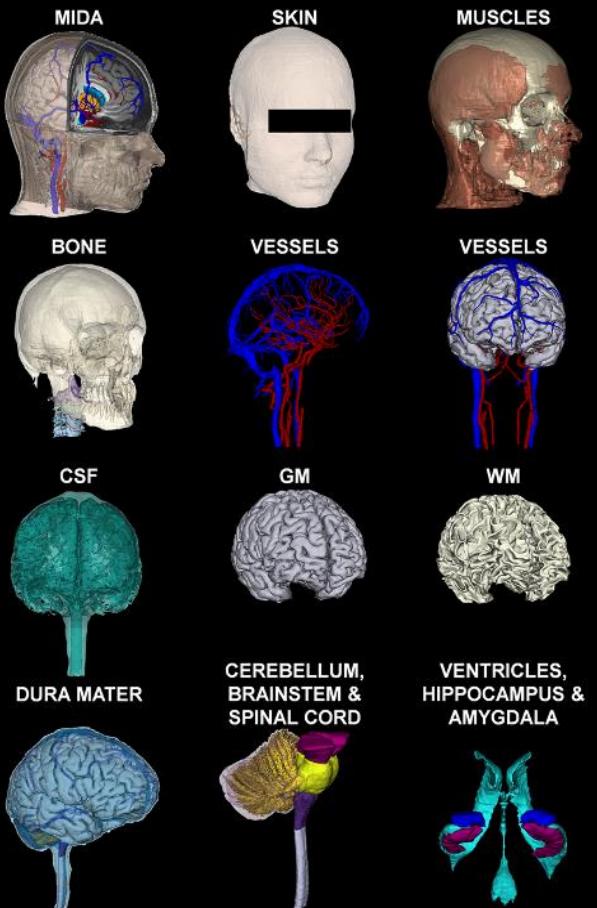
Questions to solve

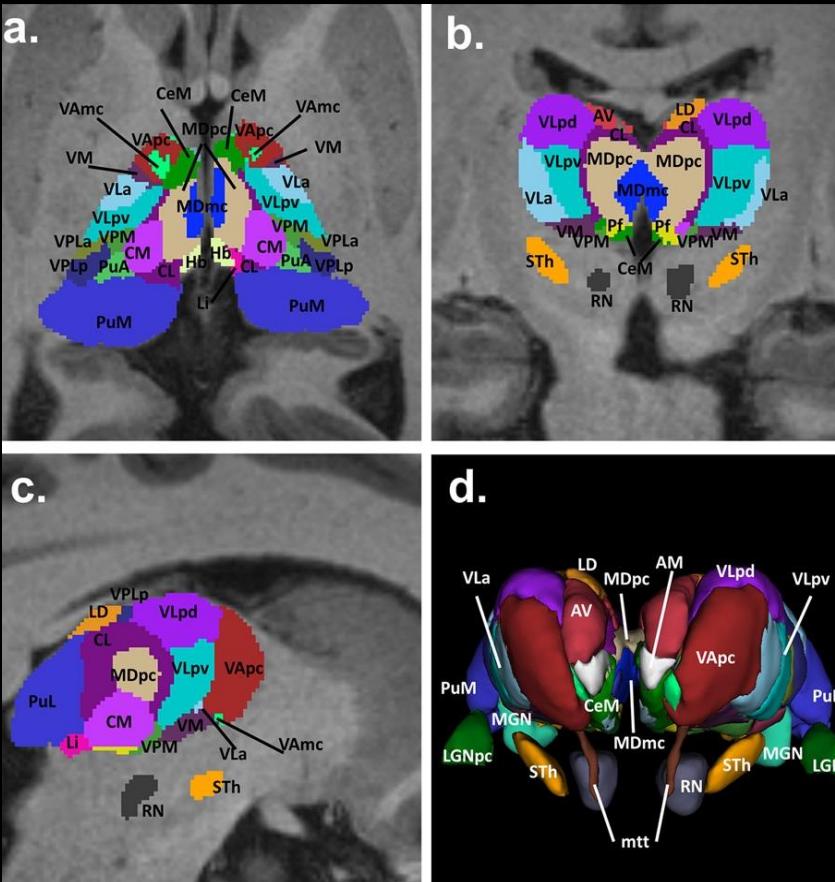
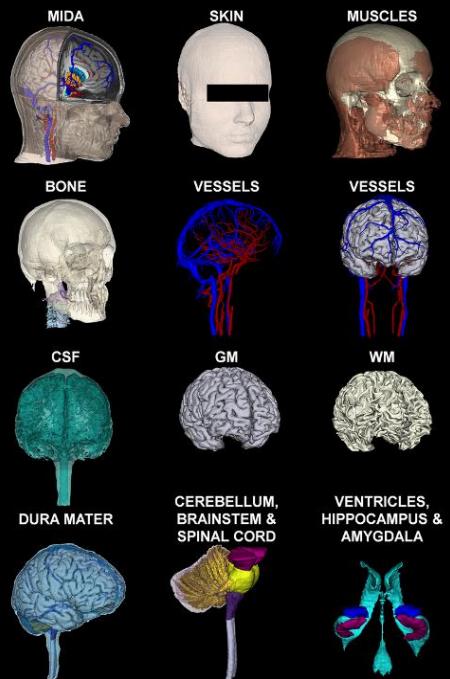
Localization

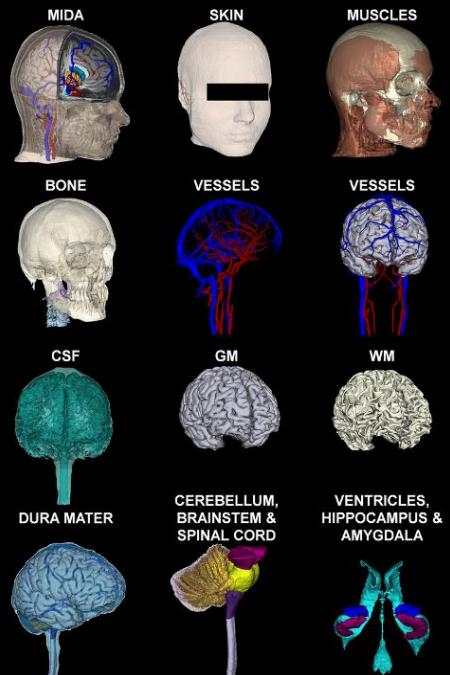
Stimulation parameters

Focality of stimulation effects

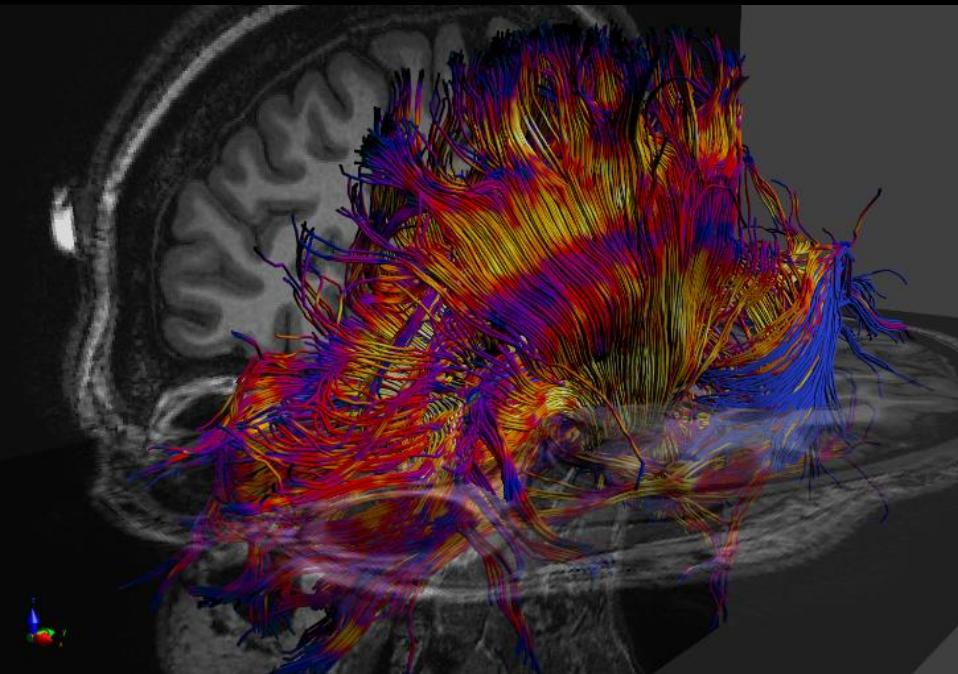
Validation of stimulation effects







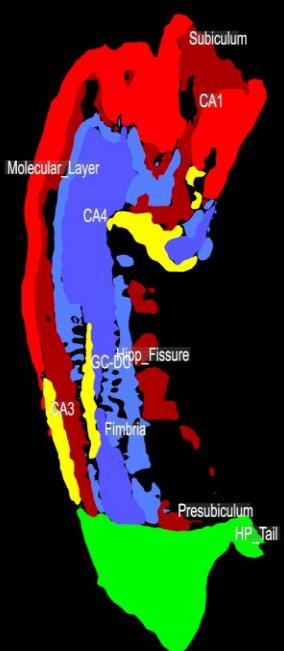
Further informing the model



Diffusion tensor imaging (DTI) to obtain information on tissue anisotropy and fiber orientation



Hippocampus simulations (MIDA model)



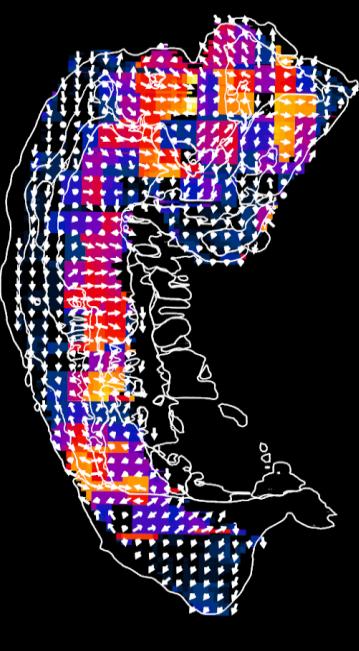
Labels



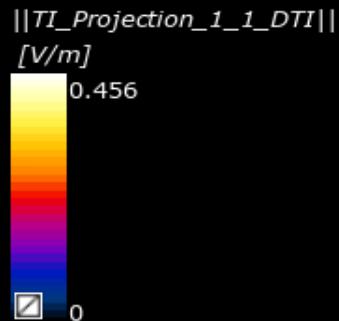
DTI Directions



Contours

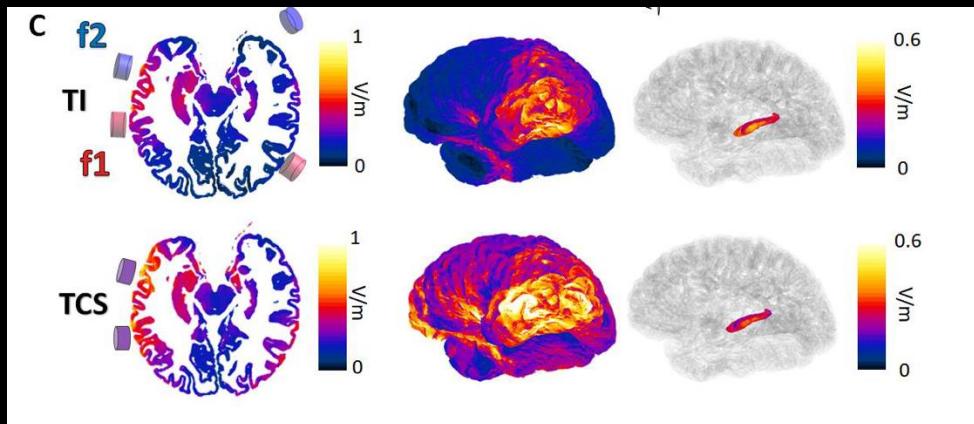
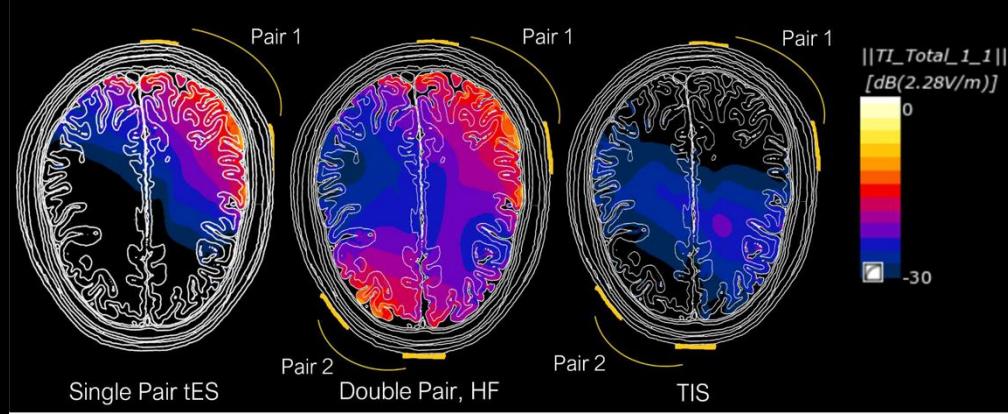
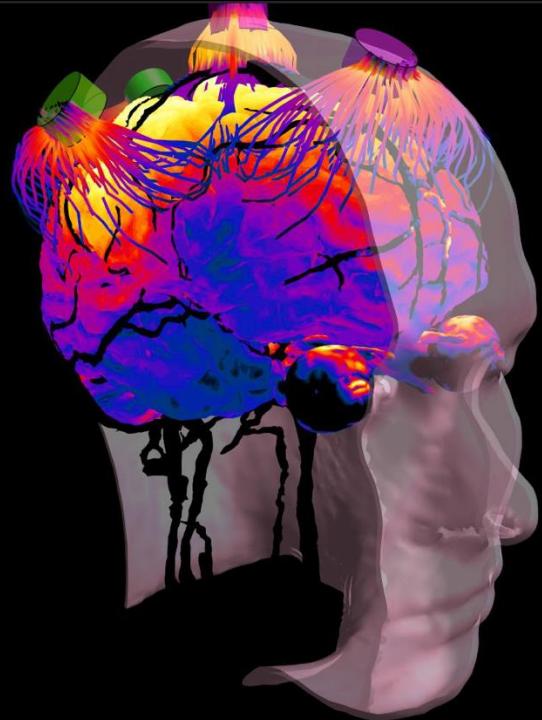


TI stimulation

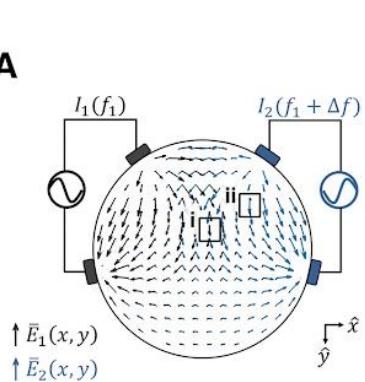
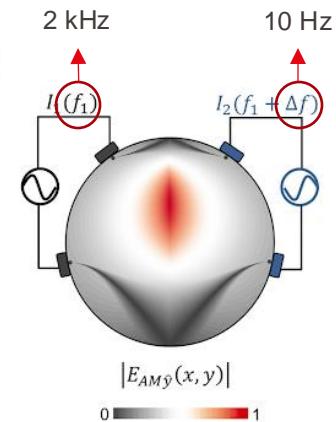
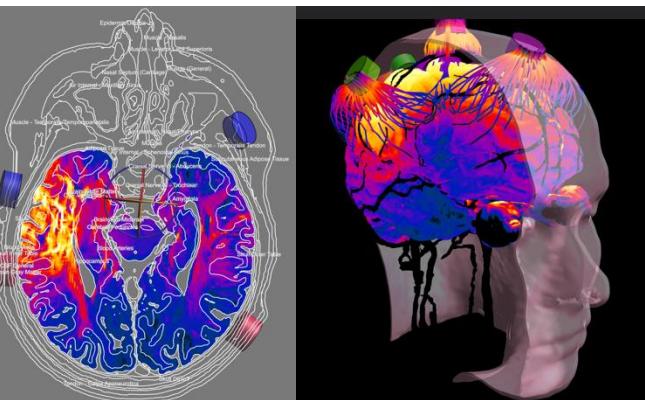
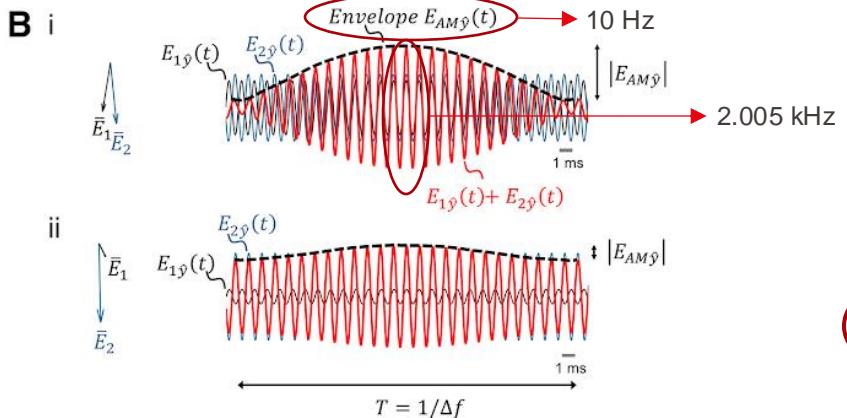




Whole brain simulations (MIDA model)



High resolution head model (MIDA, SIM-4-Life) in cooperation with E. Neufeld (IT'IS, ETH Zürich)

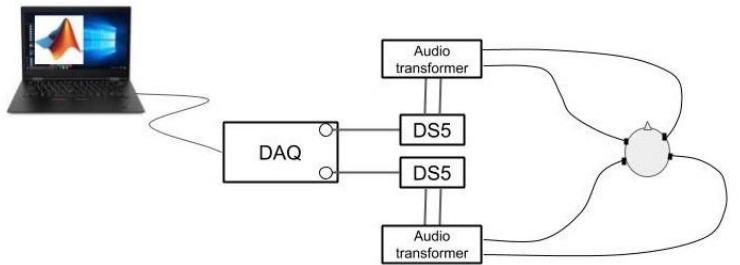
A**C**Good **spatial resolution**Able to **reach deep brain structures****Simulations** crucially important for targeting**B**

Courtesy E. Neufeld

**Feasible, effective** in humans

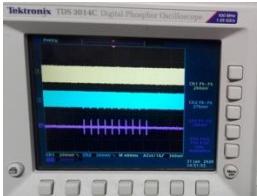


Theta bursts waveforms

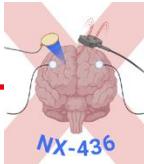


Details component parts:

- DS5: Digitimer DS5 Isolated Bipolar Current Stimulator
- DAQ: National Instruments DAQ model USB-6216 (16-Bit, 400 kS/s, BNC, Bus-Powered)
- Audio transformer: Hammond Manufacturing 1140-LN-B.



- 2kHz carrier frequency,
- 10 bursts at 5Hz,
- 3 pulses at 100Hz



www.nature.com/mp

Molecular Psychiatry

ARTICLE

 Check for updates

Placebo effects and neuromodulation for depression: a meta-analysis and evaluation of shared mechanisms

Matthew J. Burke  ^{1,2,3,12}✉, Sara M. Romanella ^{3,4,12}, Lucia Mencarelli ^{3,4}, Rachel Greben ², Michael D. Fox ^{3,5,6}, Ted J. Kaptchuk  ⁷, Alvaro Pascual-Leone ^{8,9,10} and Emiliano Santarecchi  ^{3,11}✉



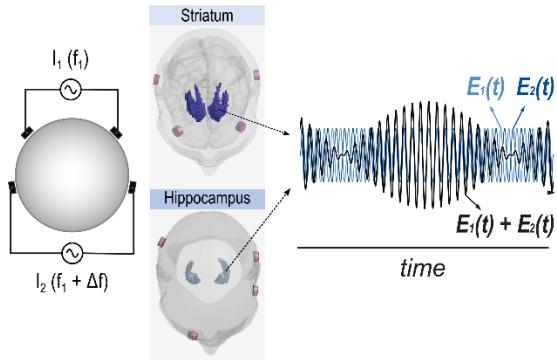
A.

Exp number	Subject number	Target	Population	tTBS Type	Session number/exp	Session number total	Sensation data points at 2mA
1	15	Striatum	Young	iTBS/HF	4	59*	118
2	15	Striatum	Young	iTBS/HF	2	30	60
3	8	Striatum	Young	iTBS/cTBS/HF	3	24	72
4	24	Striatum	Young	20Hz/80Hz/Sham	1	24	72
5	15	Striatum	Older	iTBS/HF	2	30	60
6	30	Hippocampus	Young	iTBS/cTBS/HF or Sham**	1	30	90
7	15	Hippocampus	Older	cTBS/HF	2	30	60
8	15	Hippocampus	TBI	iTBS/Sham	2	30	60

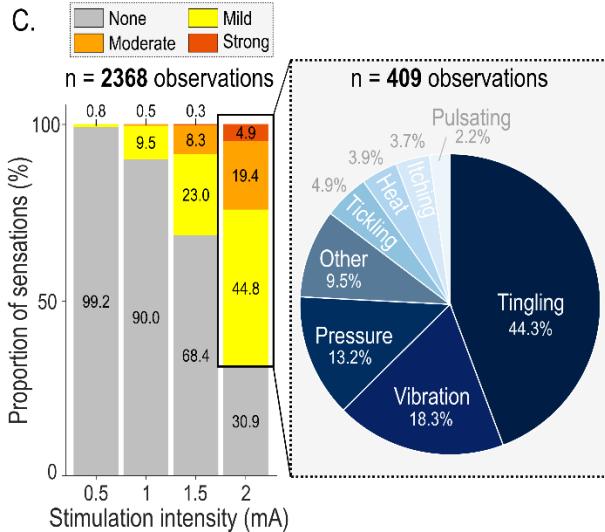
Total:

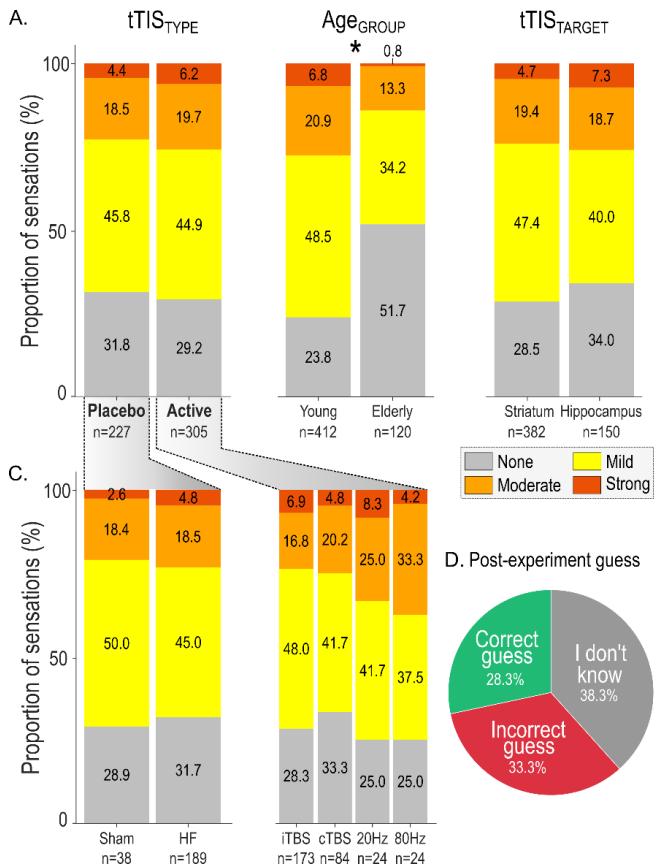
- 119 participants
- 257 sessions
- 592 sensation data points at 2mA

B.

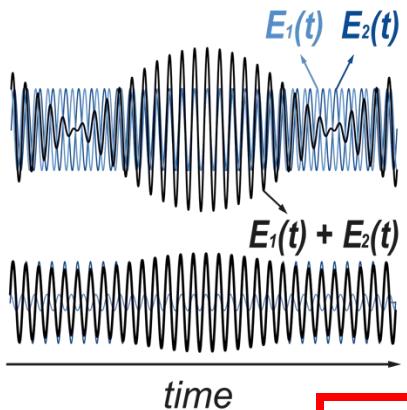
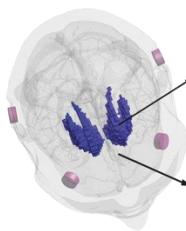
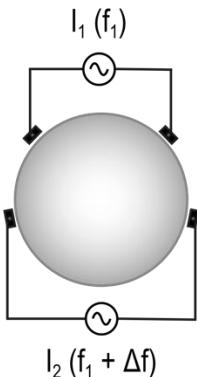


C.



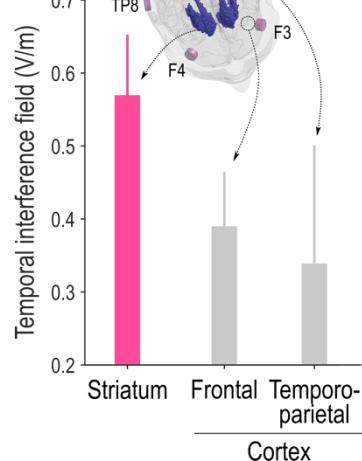
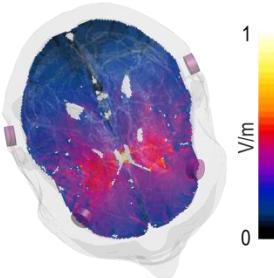


transcranial Temporal Interference Stimulation (tTIS)



Grossman et al., 2017, Cell

Simulations on high resolution head model (collab. Prof Neufeld)



First application of deep tTIS in humans



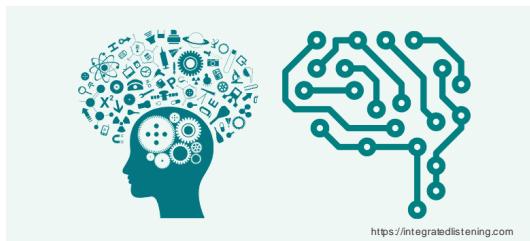
✓ Animal model validation (Grossman et al., 2017)

✓ Application on cortical structures in humans (Ma et al., 2021)

✓ Cadaver work (Violante et al., 2023)

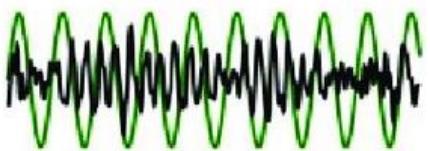


Neuroplasticity



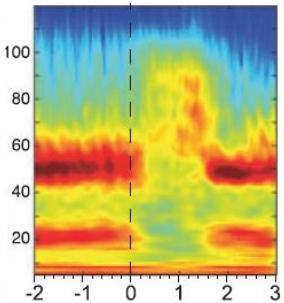
Wessel, Beanato *et al.* (2023) *Nature Neuroscience*
Beanato, Moon *et al.* (2024) *Science Advances*

Neuronal entrainment

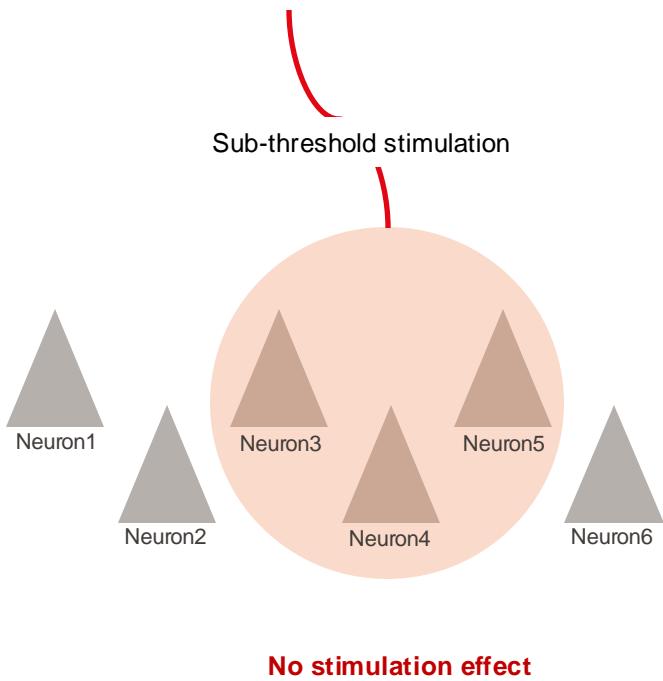
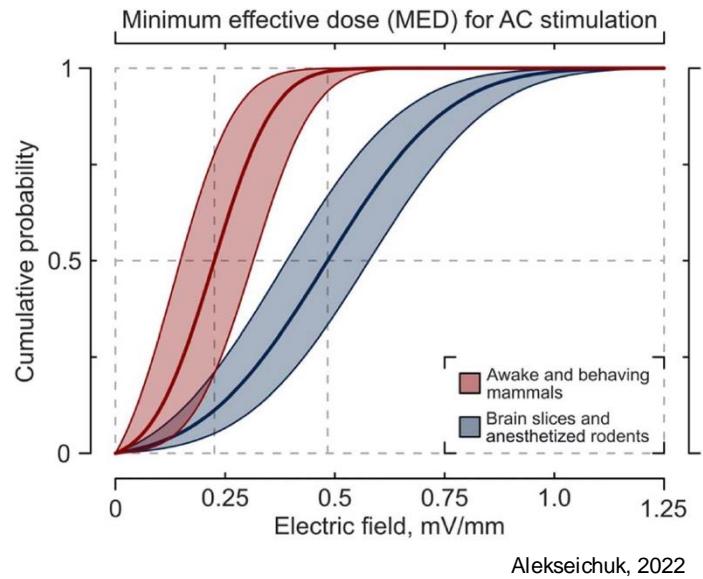


Violante *et al.* (2023) *Nature Neuroscience*

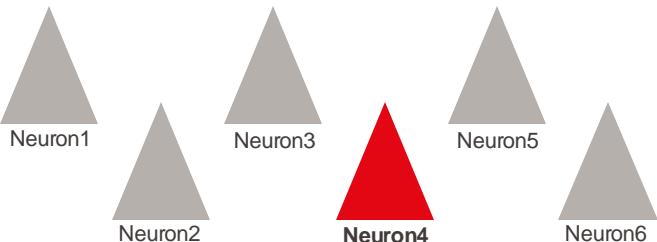
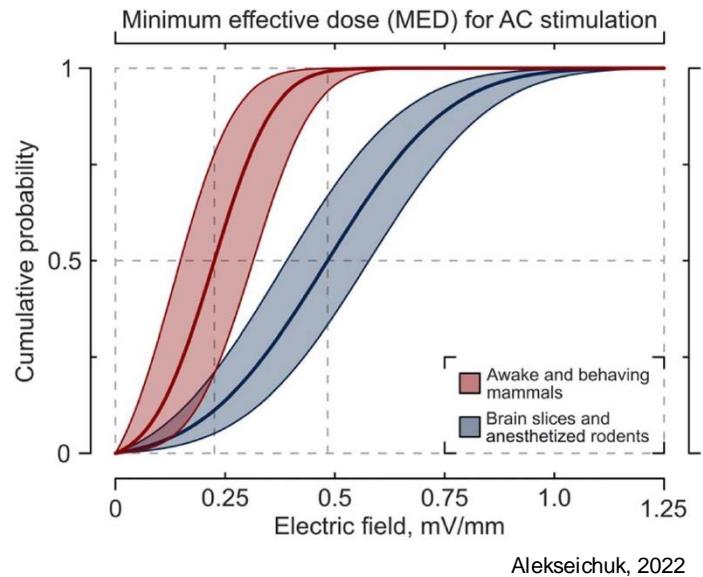
Interference



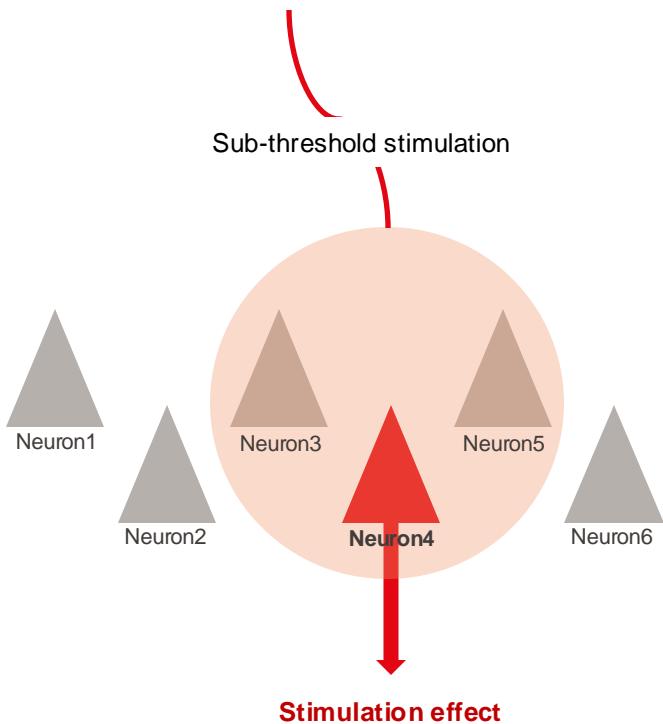
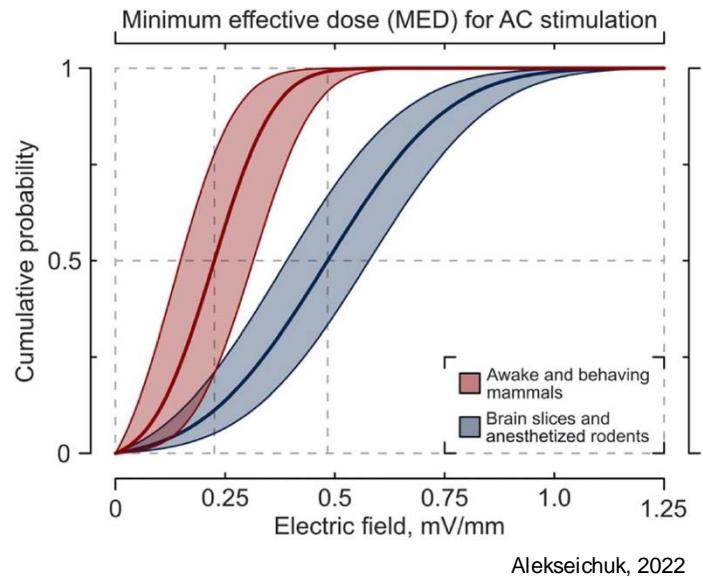
Vassiliadis *et al.* (2024) *Nature Human Behavior*



Subthreshold stimulation requires **co-activation** (Fritsch *et al.* 2010)

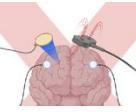


Subthreshold stimulation requires **co-activation** (Fritsch *et al.* 2010)

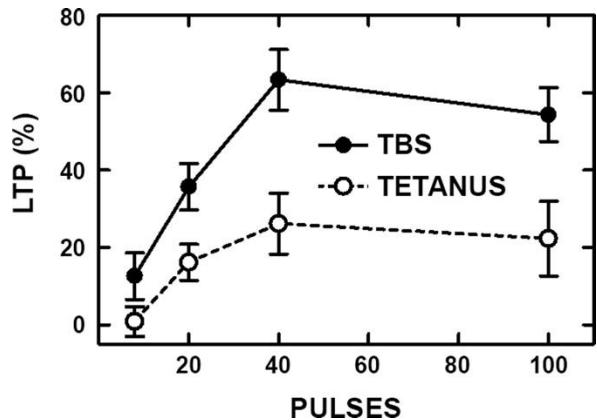


Subthreshold stimulation requires **co-activation** (Fritsch *et al.* 2010)

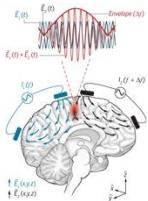
Co-activation **steers** the stimulation effects



Hippocampal field CA1

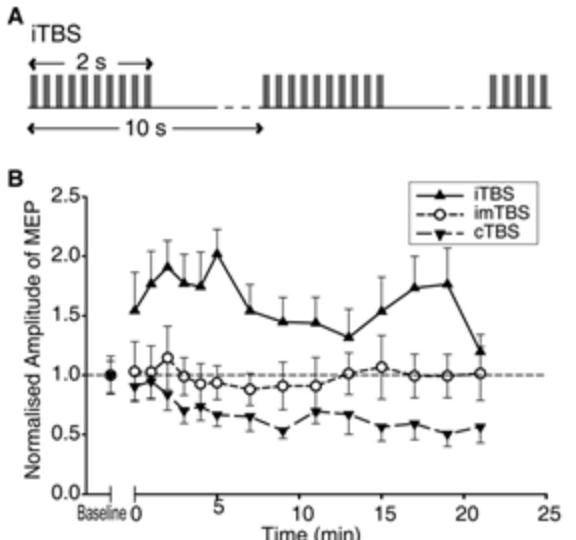


Larson & Munkasy 2015
Andersen 1991

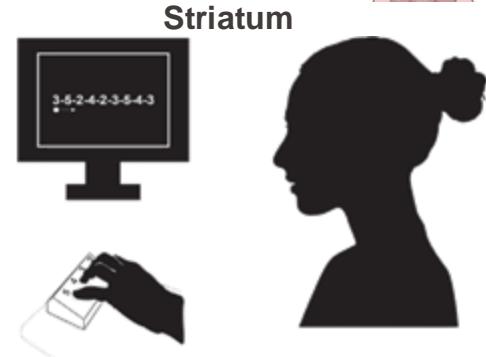


- **iTBS-TI**: 2 tACS channels @ 2kHz and 2.1kHz creating an interference wave with an envelope mimicking a theta-burst, with trains of 3 peaks @100Hz repeated every 200 ms applied for 2sec and followed by 8 sec of HF-control

- **HF-control**: 2 tACS channels @ 2kHz without shift in frequencies



Huang et al. 2005



Zimerman et al. 2013, 2014; Draaisma et al. 2022; Maceida et al. 2022; Wessel et al. 2023



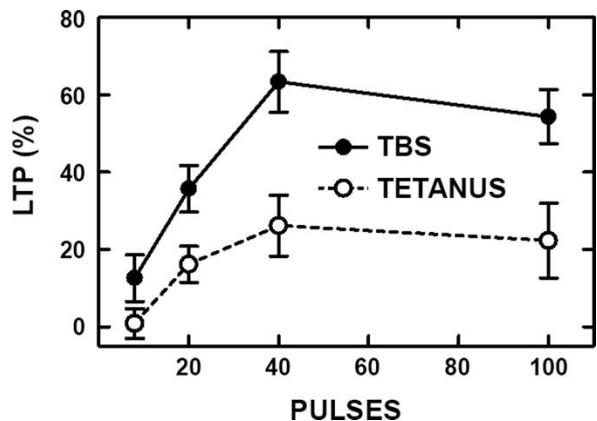
Hippocampus



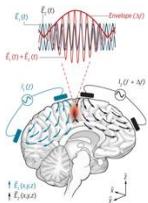
Moon et al. 2022



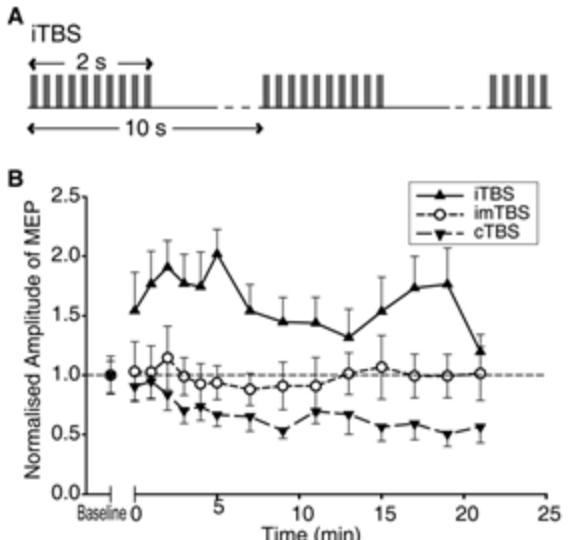
Hippocampal field CA1



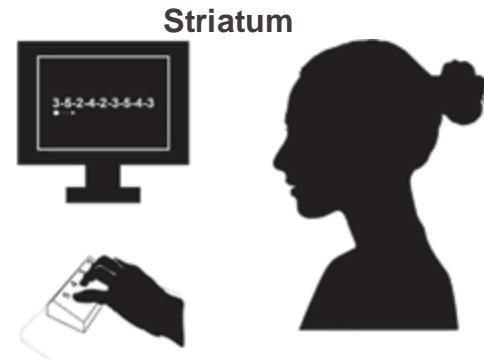
Larson & Munkasy 2015
Andersen 1991



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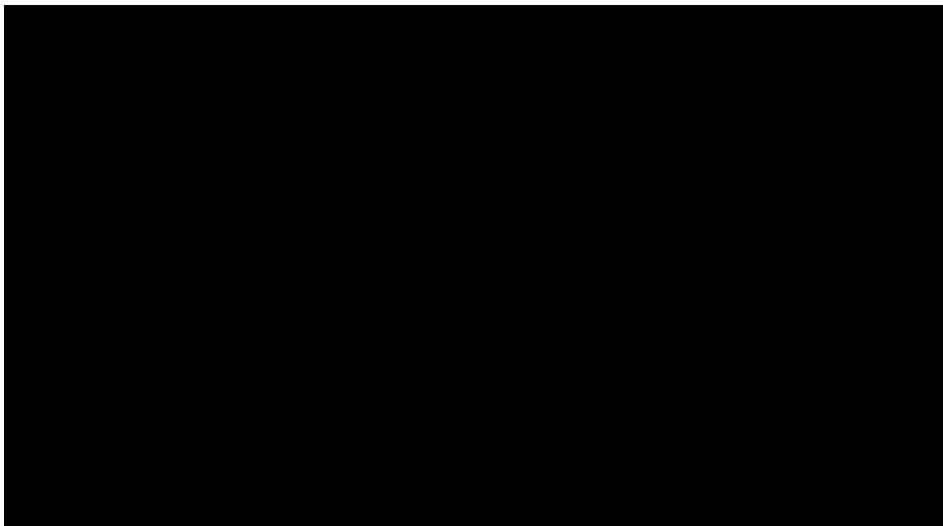
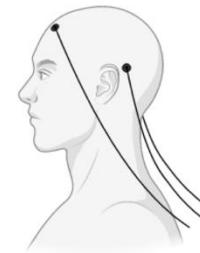
nature neuroscience

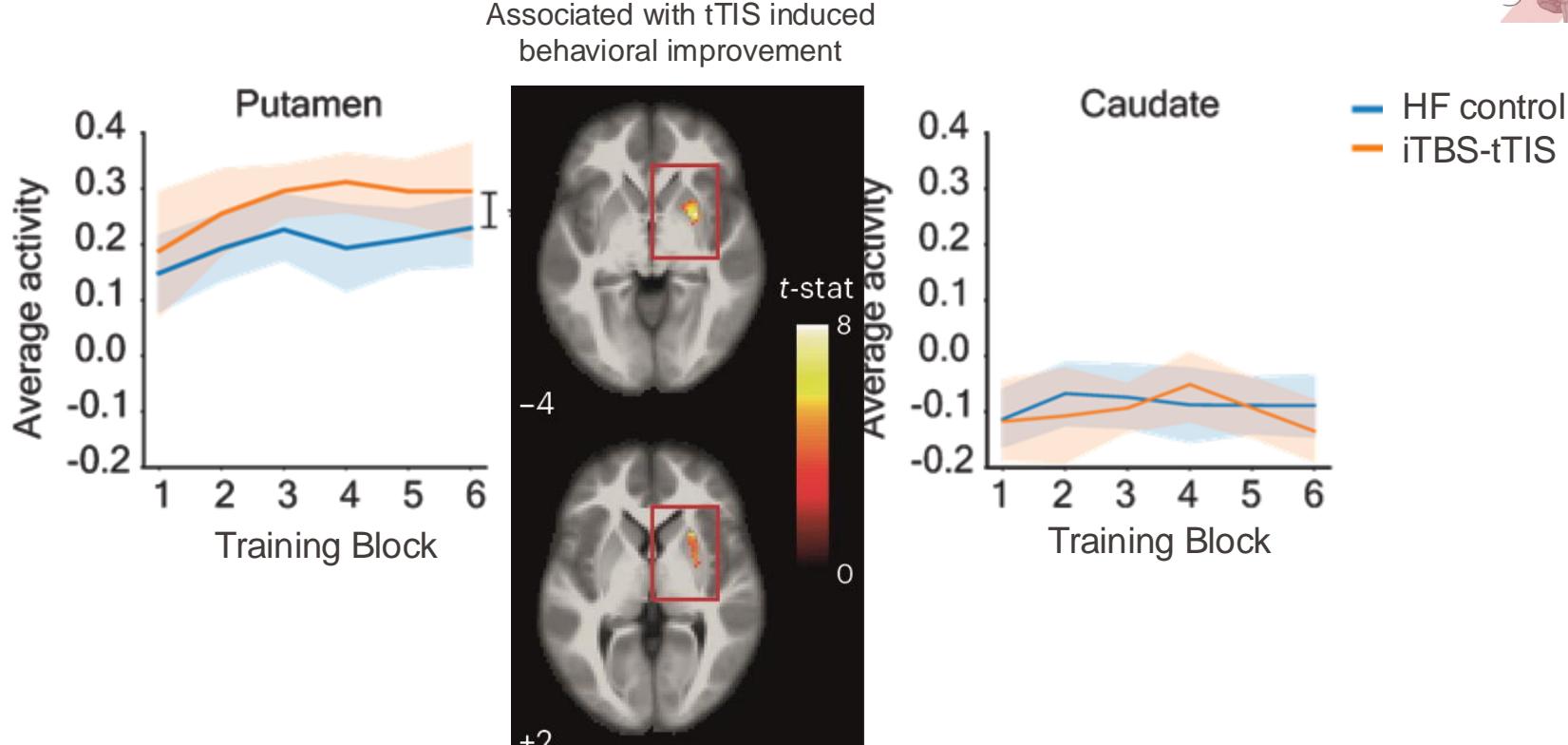
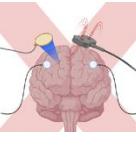
a

Article

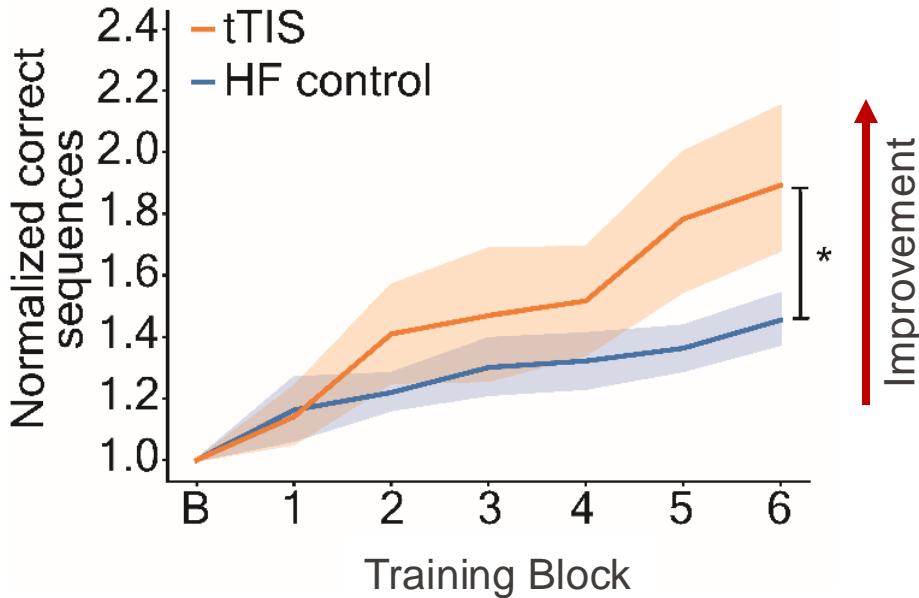
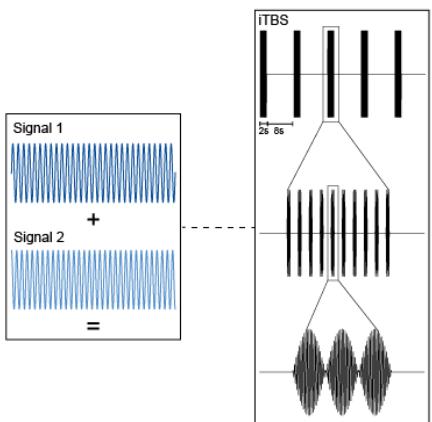
<https://doi.org/10.1038/s41593-023-01457-7>

Noninvasive theta-burst stimulation of the human striatum enhances striatal activity and motor skill learning

Wessel, Beanato *et al.* 2023



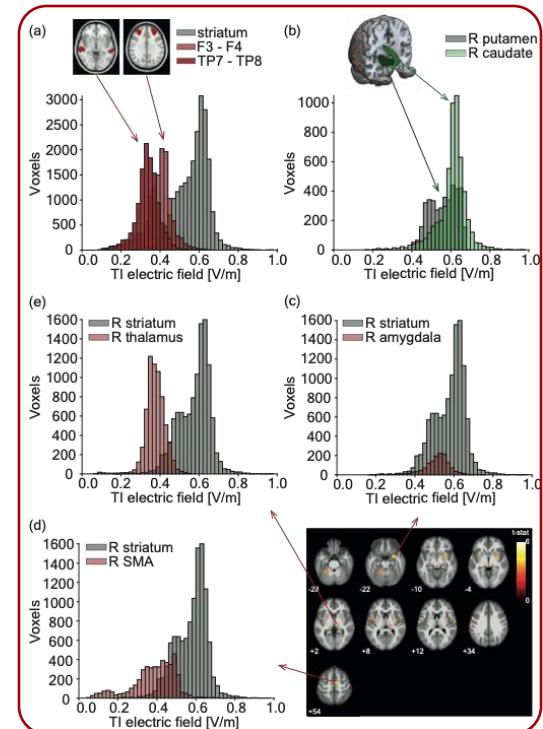
Stimulation effects are specific to the subregion
already involved in the task



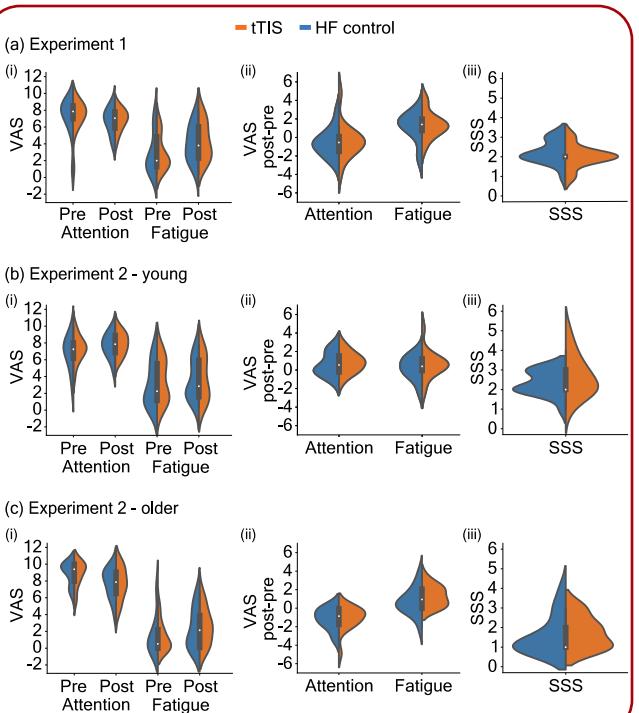
Striatal TBS-tTIS can modulate striatal activity and improve motor sequence learning



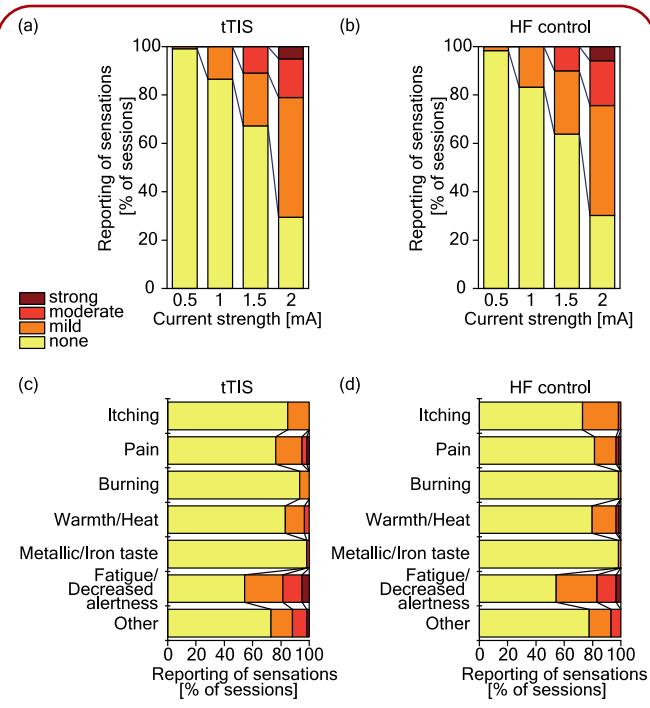
Focality of field strength



Attention, Fatigue

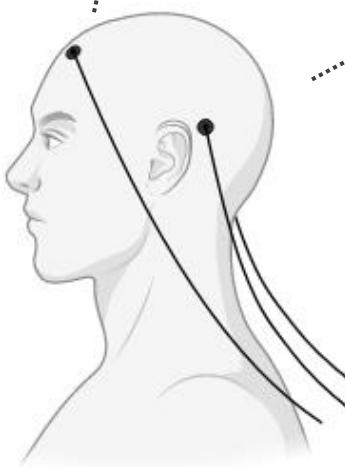
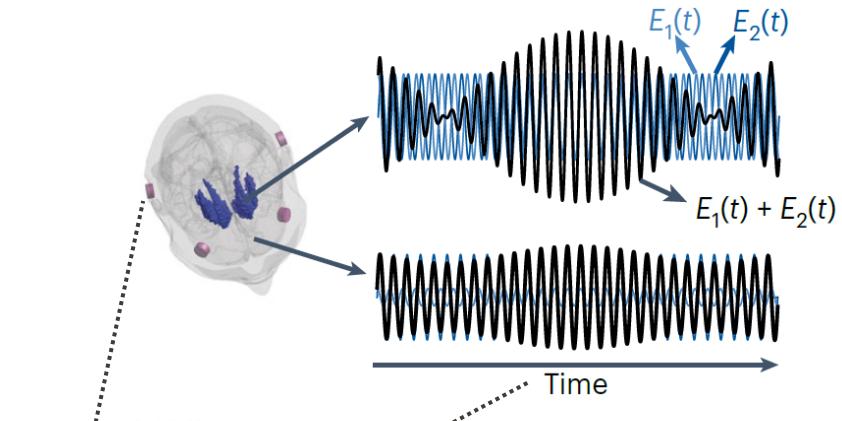


Perceived sensations



**15 TBI patients**

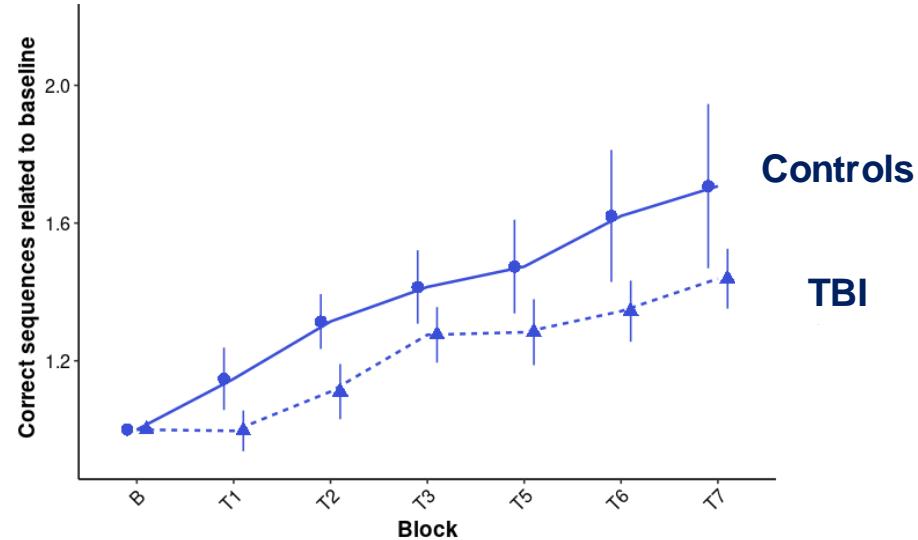
3 female, 12 male
age: 52.67 ± 13.6



Plasticity-inducing protocol:
intermittent Theta Burst Stimulation
(iTBS)

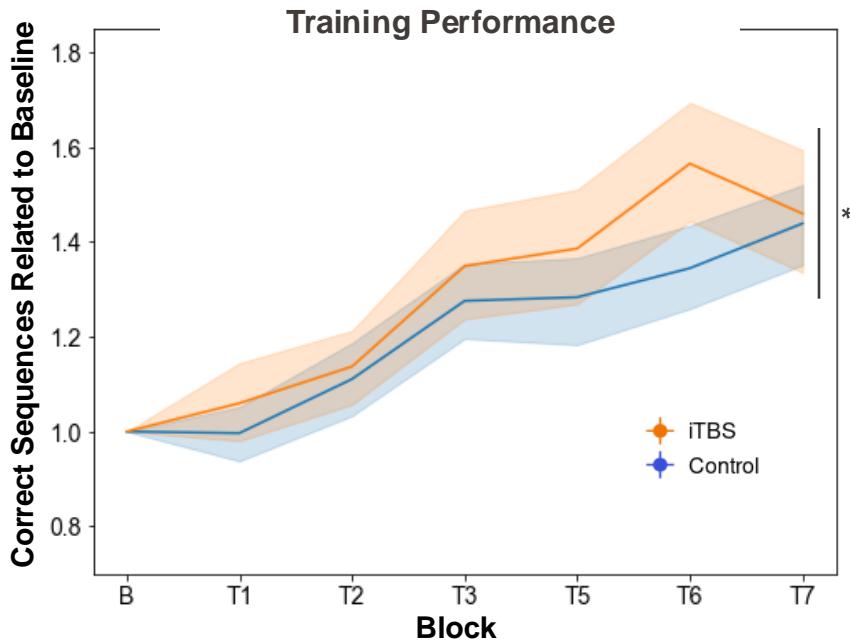
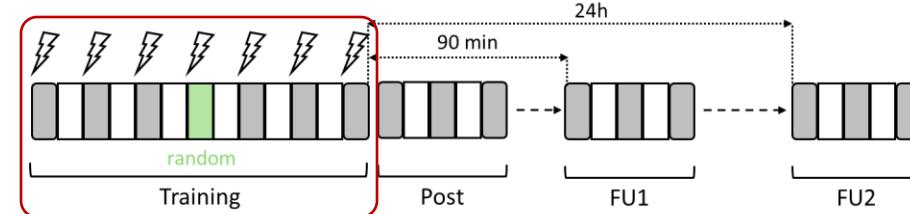


TBI vs Age-matched controls - behavior



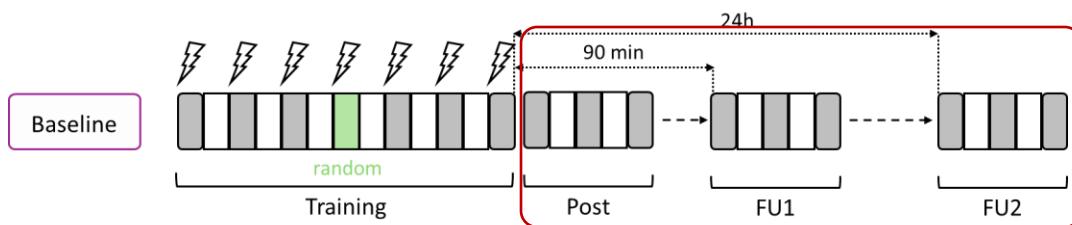


Double-blinded, crossover design

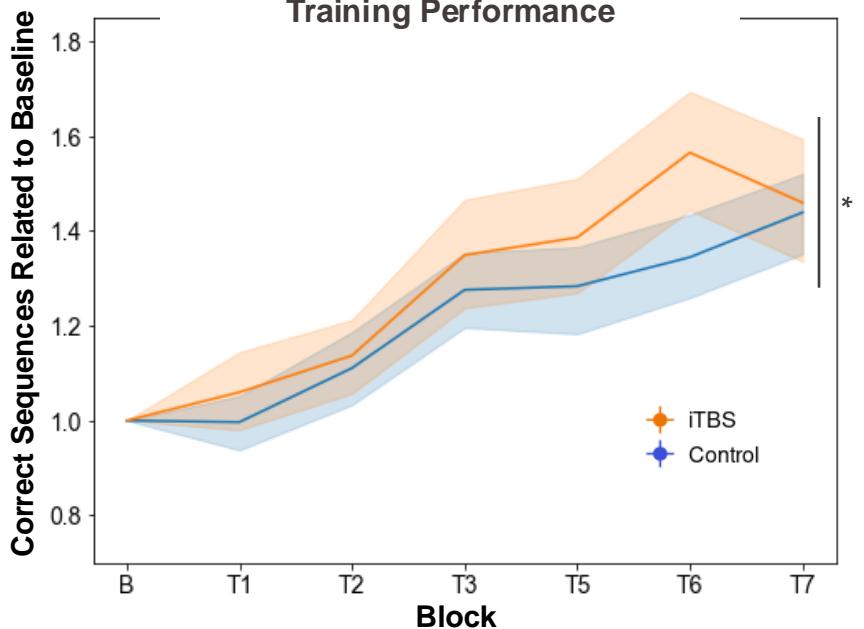




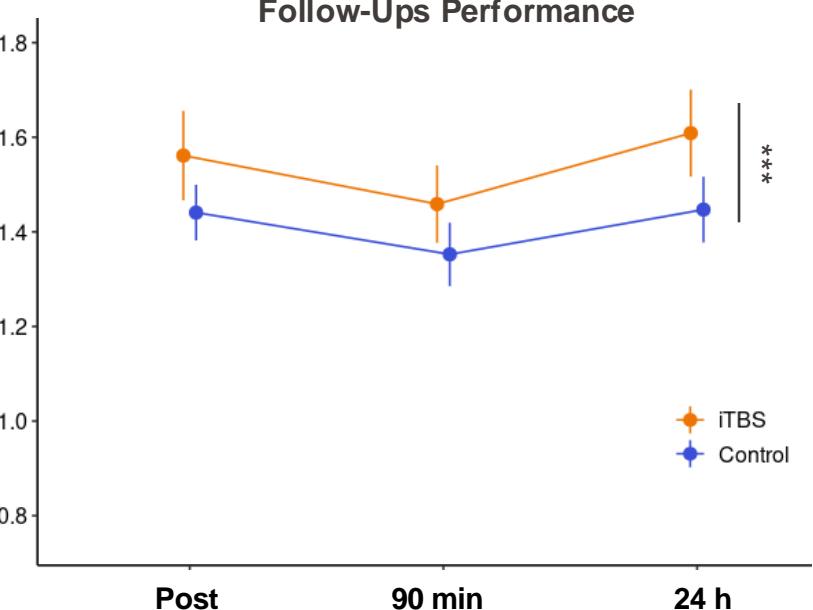
Double-blinded, crossover design

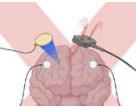


Training Performance

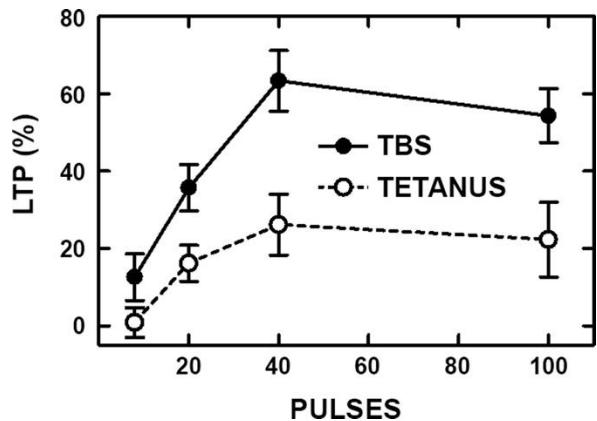


Follow-Ups Performance

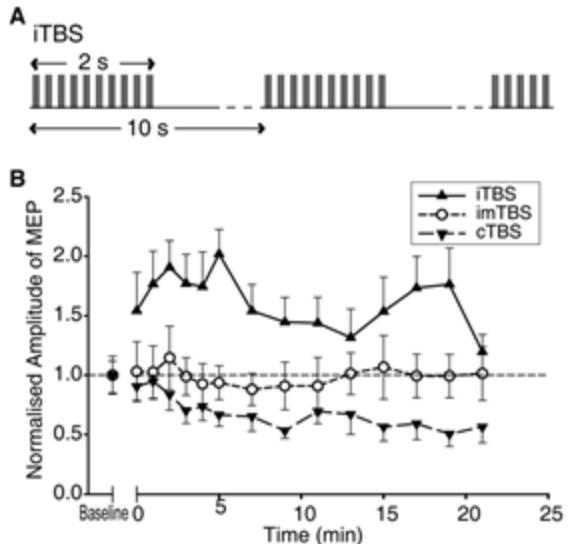




Hippocampal field CA1



Larson& Munkasy 2015
Andersen 1991



Huang *et al.* 2005

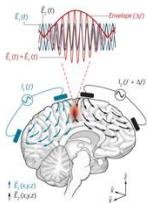
Hippocampus

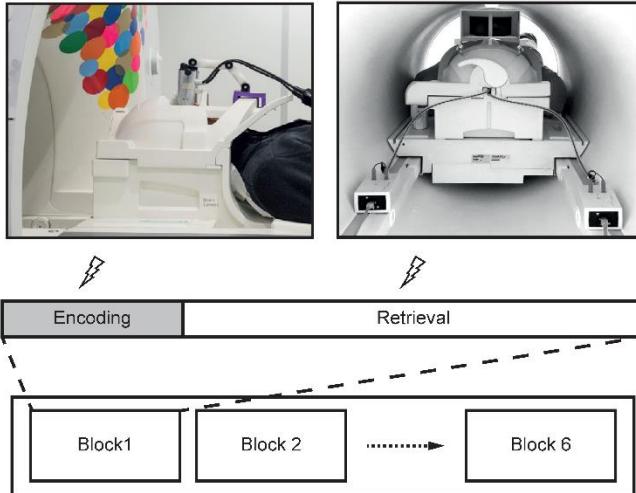
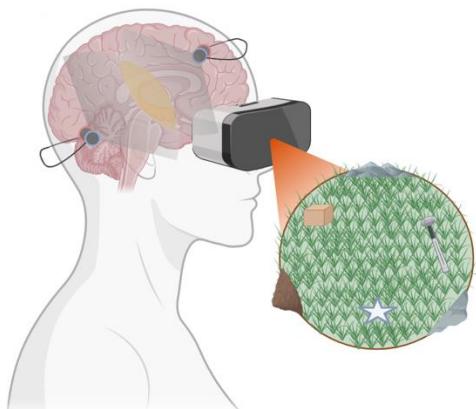
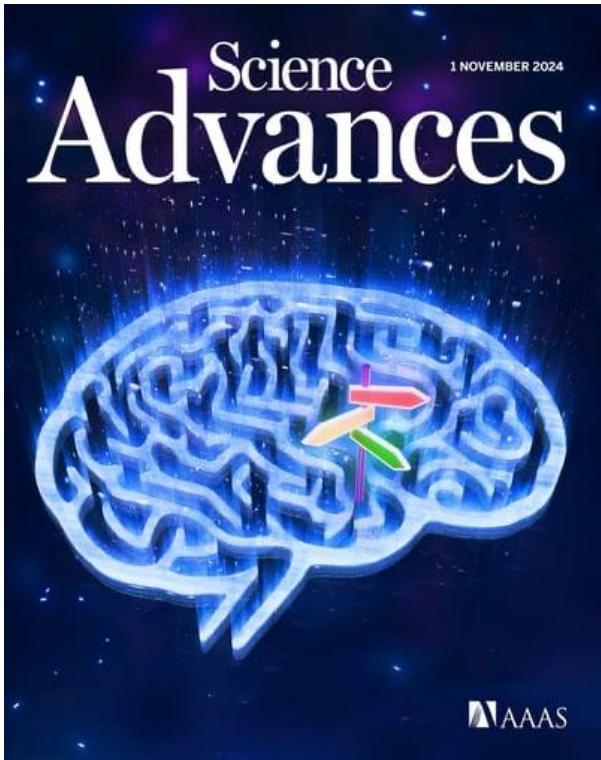


Moon *et al.* 2022

- **iTBS-TI:** 2 tACS channels @ 2kHz and 2.1kHz creating an interference wave with an envelope mimicking a theta-burst, with trains of 3 peaks @100Hz repeated every 200 ms applied for 2sec and followed by 8 sec of HF-control

- **HF-control:** 2 tACS channels @ 2kHz without shift in frequencies





Beanato, Moon *et al.* *Science Advances* (2024)



The diagram illustrates the hippocampus (HC) and entorhinal cortex (EC) within the brain. The EC is highlighted with a red dashed circle. Arrows show information flow from the EC to various regions: Prefrontal cortex (Executive, scene manipulation), ATN (Head direction, theta), Parietal cortex (Body-oriented information), Retrosplenial cortex (Scene translation), and Occipital cortex (Visual information). The EC also receives input from the Hippocampus (Event within a scene, scene construction) and the Parahippocampal region (Scene-based information). The diagram also shows the Egocentric framework (a 3D scene with a red chair) and the Allocentric framework (a 3D scene with a red chair in a specific location). A small image of a brain with a red crosshair and the text 'NX-436' and 'Hommel' is shown in the top right corner. The source is cited as 'Nature Reviews | Neuroscience'.

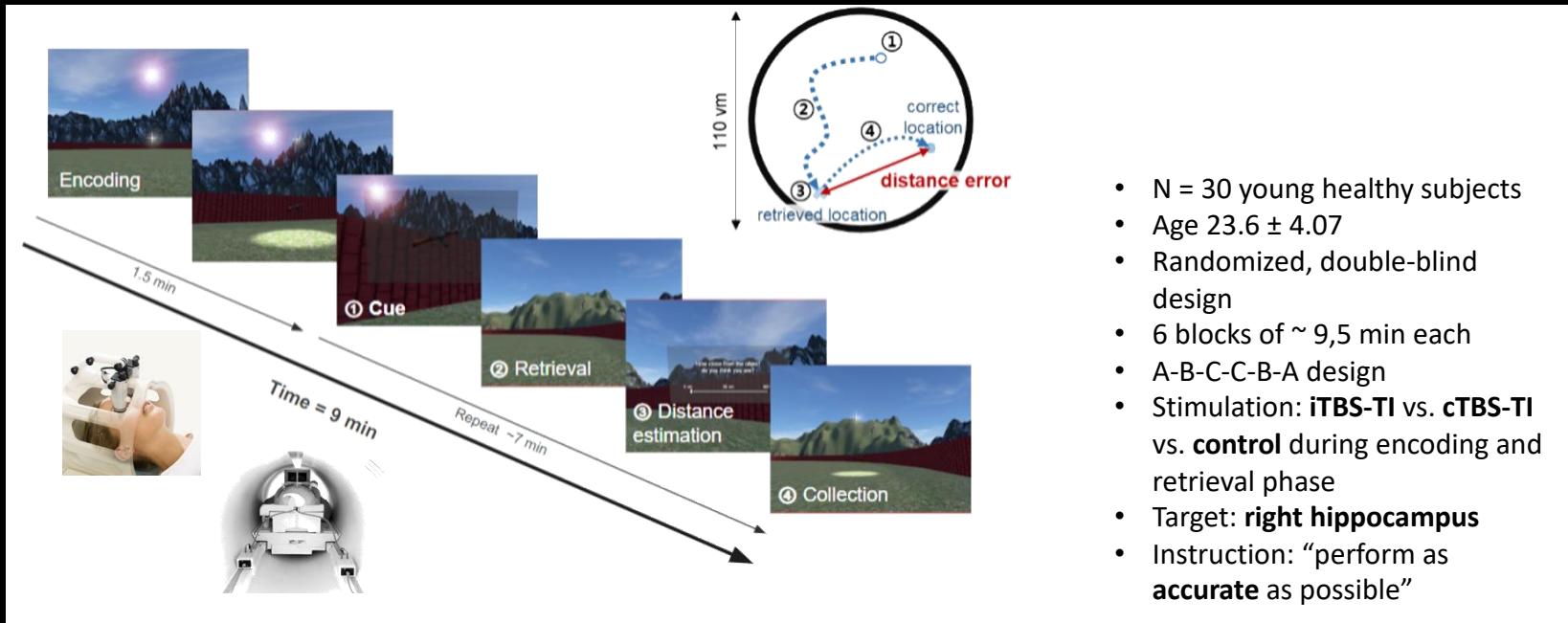
- Grid cells in Entorhinal cortex (EC)

• allocentric spatial representation in the brain
• Spatial navigation
• Memory
• Alzheimer's disease (AD) /MCI

Vann et al., 2009; Moser et al. 2008; Byrne et al. 2007; Kunz et al., 2015



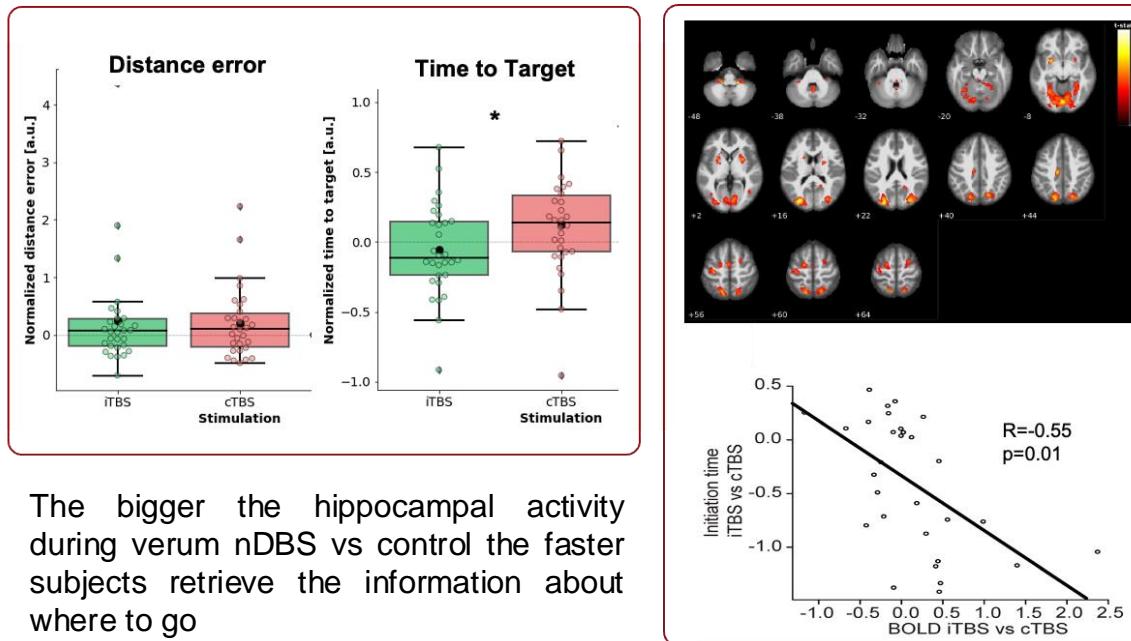
Friedhelm C.



- N = 30 young healthy subjects
- Age 23.6 ± 4.07
- Randomized, double-blind design
- 6 blocks of ~ 9.5 min each
- A-B-C-C-B-A design
- Stimulation: **iTBS-TI** vs. **cTBS-TI** vs. **control** during encoding and retrieval phase
- Target: **right hippocampus**
- Instruction: “perform as accurate as possible”



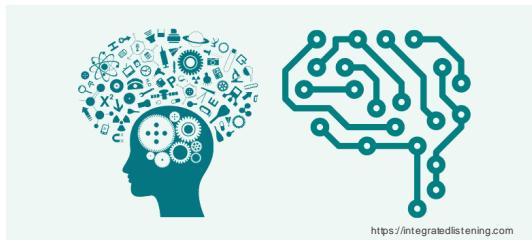
Spatial navigation



Non-invasive deep brain stimulation of the hippocampus enhances spatial memory
Opportunity to provide this treatment strategy to patients suffering from memory deficits

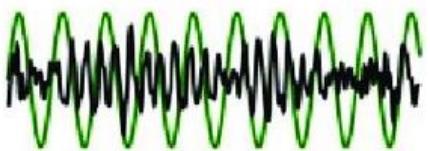


Neuroplasticity



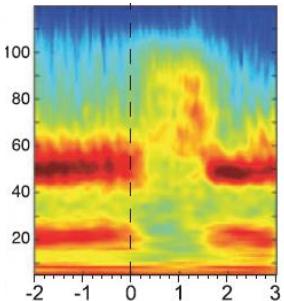
Wessel, Beanato *et al.* (2023) *Nature Neuroscience*
Popa, Beanato *et al.* (2023) *bioRxiv*
Beanato, Moon *et al.* (under review)

Neuronal entrainment

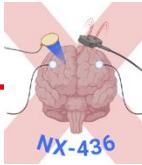


Violante *et al.* (2023) *Nature Neuroscience*

Interference



Vassiliadis *et al.* (2024) *Nature Human Behavior*



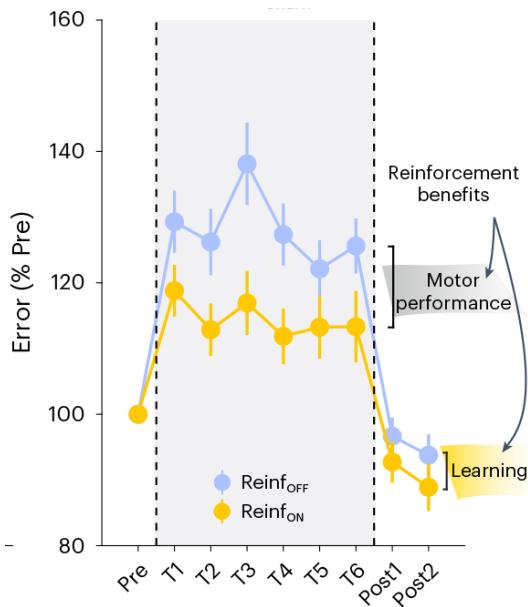
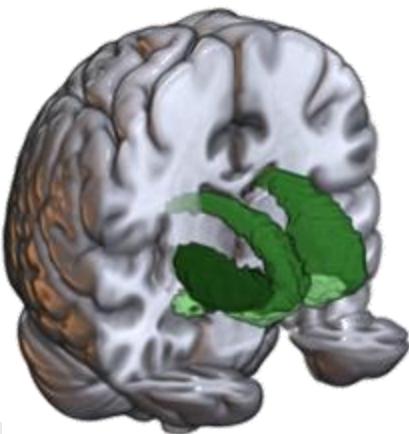
nature human behaviour



Article

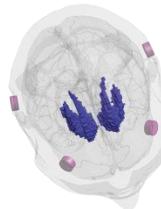
<https://doi.org/10.1038/s41562-024-01901-z>

Non-invasive stimulation of the human striatum disrupts reinforcement learning of motor skills

Vassiliadis *et al.* 2024



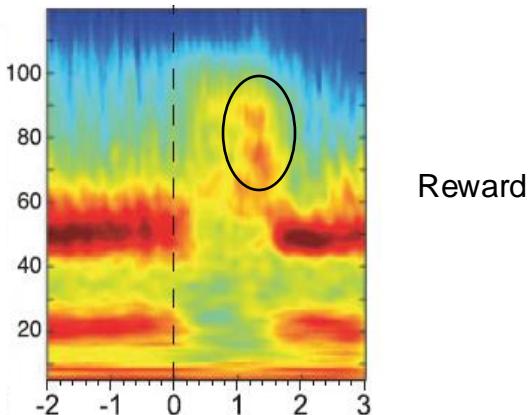
Striatum active in reinforcement learning (Bartra *et al.*, 2013) and motor learning (Hardwick *et al.*, 2013; Wessel, Beanato *et al.*, 2023)



Striatum suggested to be involved in the benefits of reinforcement on (motor) learning

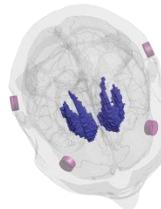
Specific oscillations in the striatum associated to different functions:

- **Beta** (~20Hz) \iff sensorimotor control (Jenkinson *et al.*, 2013)
- **High gamma** (~80Hz) \iff reward processing (Berke, 2009)





Striatum active in reinforcement learning (Bartra *et al.*, 2013) and motor learning (Hardwick *et al.*, 2013; Wessel, Beanato *et al.*, 2023)



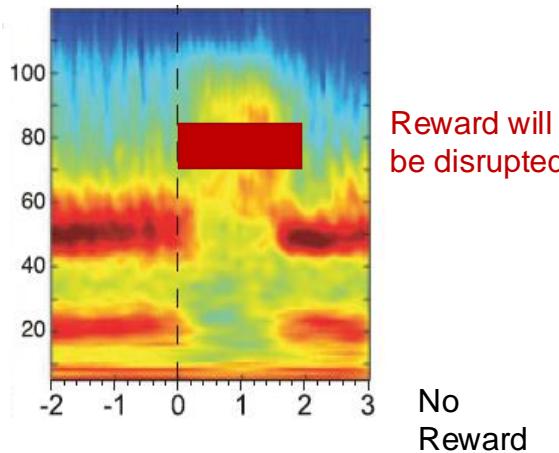
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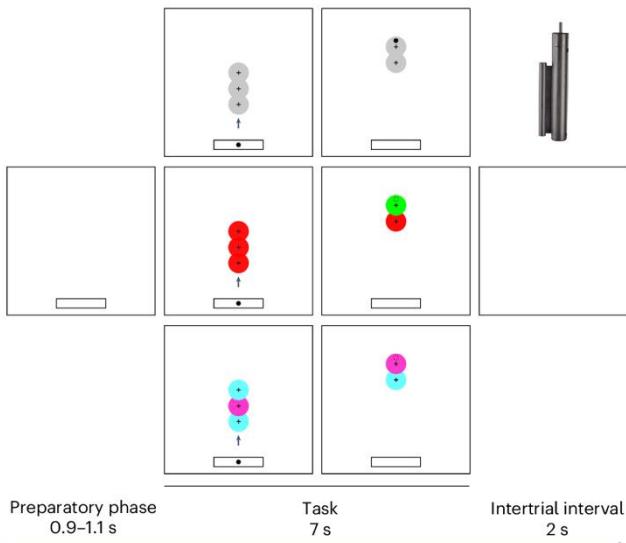
Hypothesis:

Continuous, open-loop **striatal** stimulation at **80Hz** will **perturb** the **reinforcement-dependent** regulation of high gamma oscillations and **disrupt** the benefits of reinforcement on learning

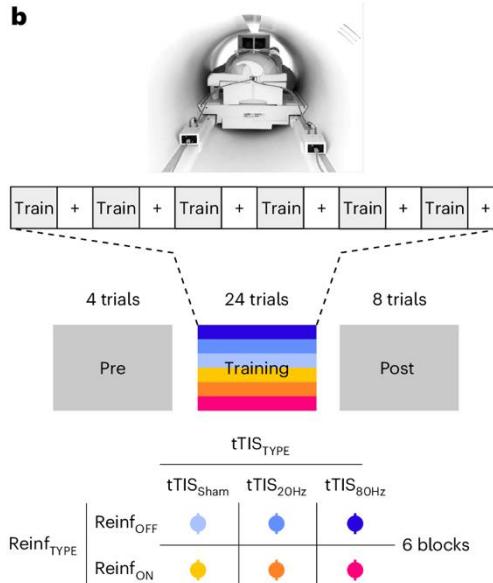


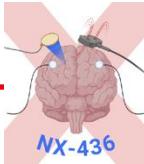


Renforcement Learning

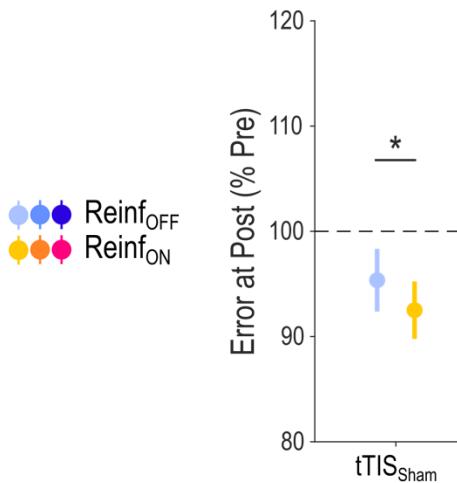
aVassiliadis *et al.*, 2021, 2022 iScience

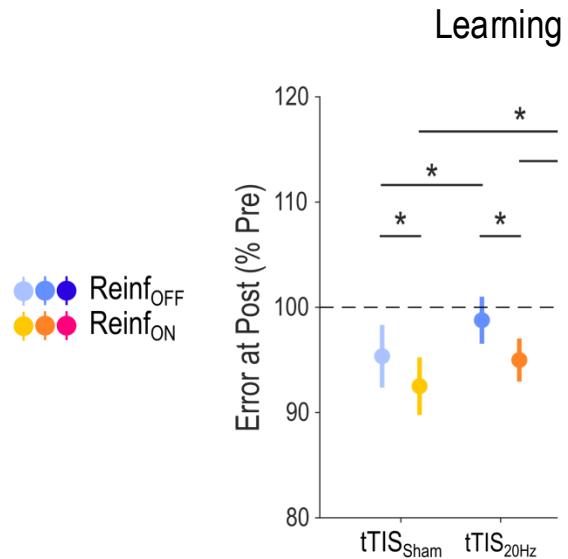
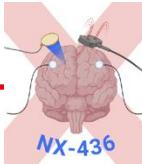
tTIS + task concomitant with fMRI

bVassiliadis *et al.*, 2024 Nature Human Behavior



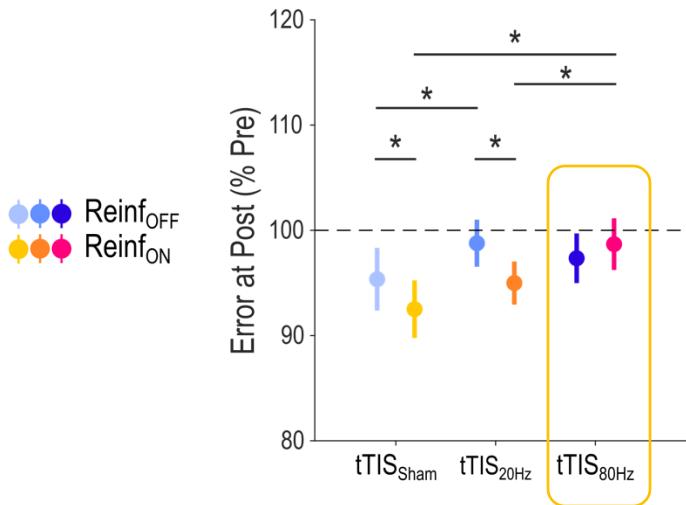
Learning







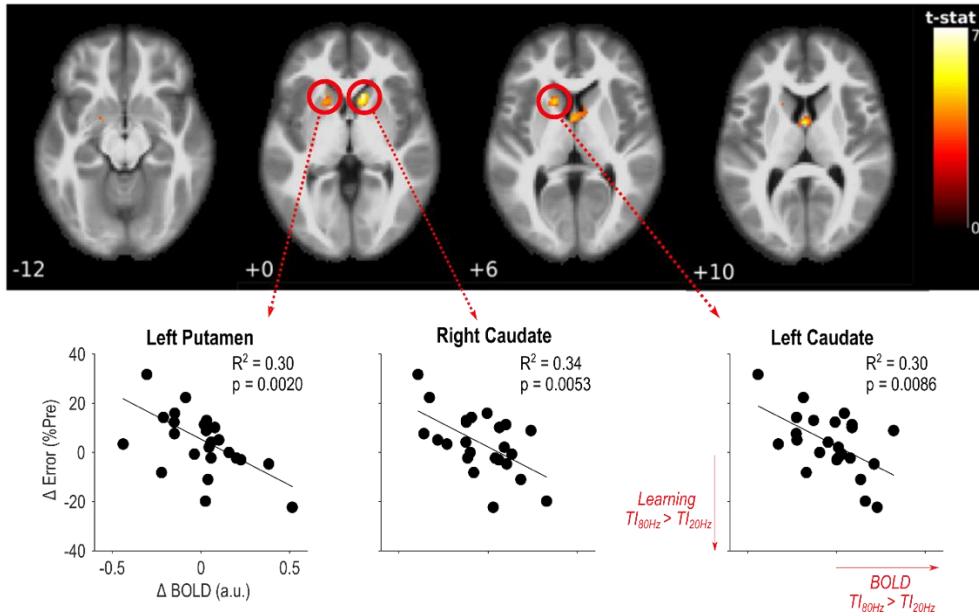
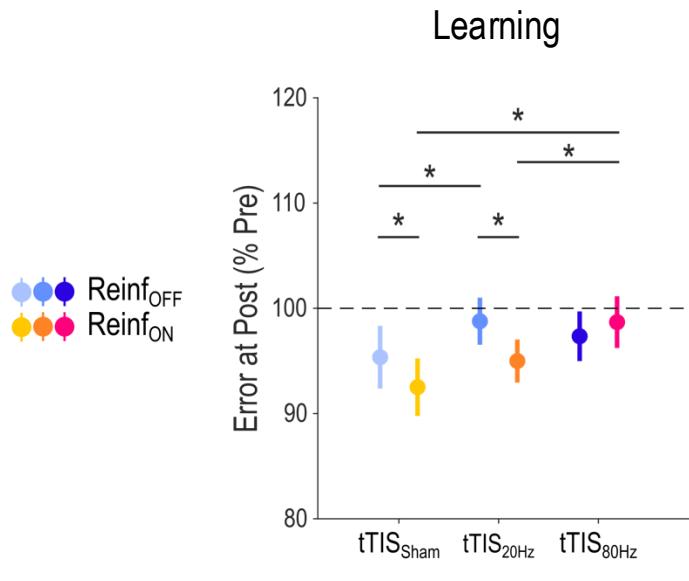
Learning



→ tTIS_{80Hz} disrupts the benefits of **reinforcement** on motor learning, not motor learning in general

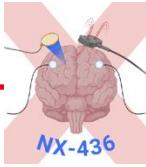


$t\text{TIS}_{80\text{Hz}} - t\text{TIS}_{20\text{Hz}}$ contrast; Reinf_{ON}

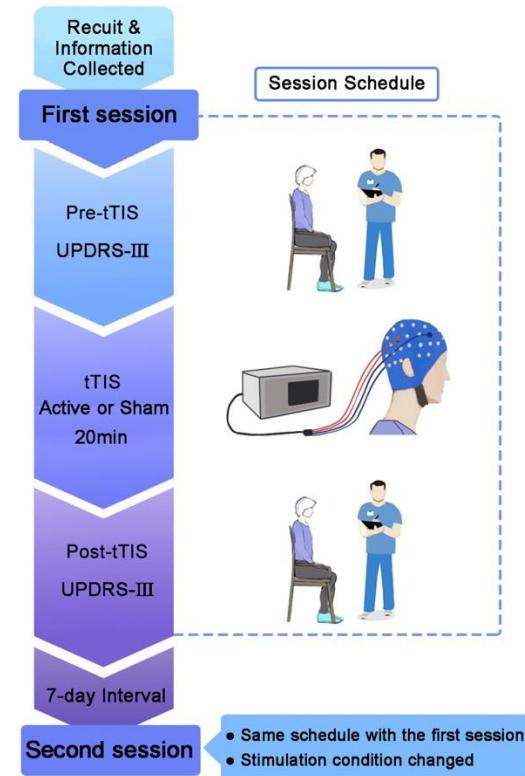


→ $t\text{TIS}_{80\text{Hz}}$ disrupts the benefits of reinforcement on motor learning, not motor learning in general

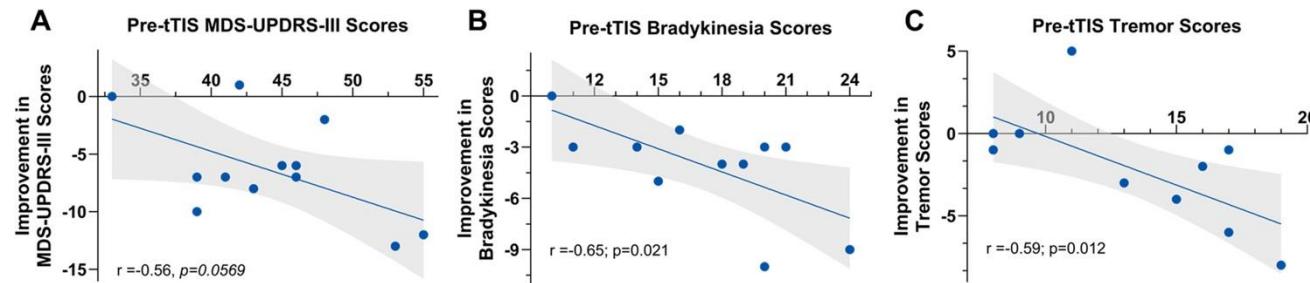
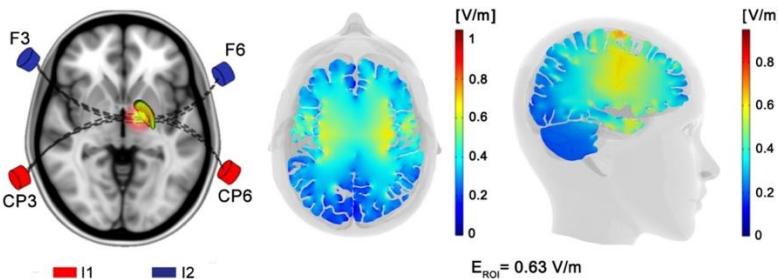
Disruption of reinforcement motor learning with $t\text{TIS}_{80\text{Hz}}$ correlates with changes of neural activity in the striatum



Clinical translation – Parkinson's



Unilateral STN 130Hz tTIS



Unilateral STN 130Hz tTIS

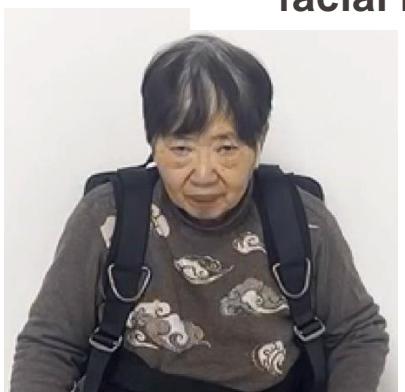
Pre



Post



facial masking



Before tTIS

干預前

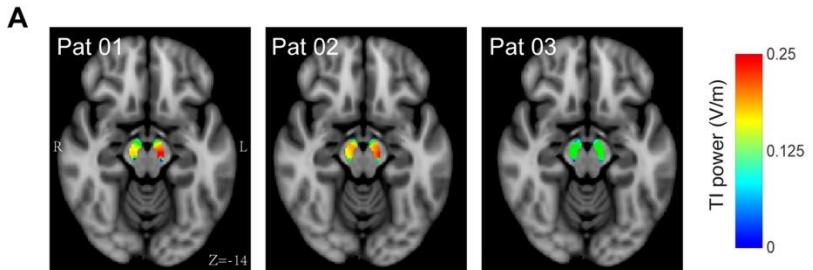


30 min after tTIS

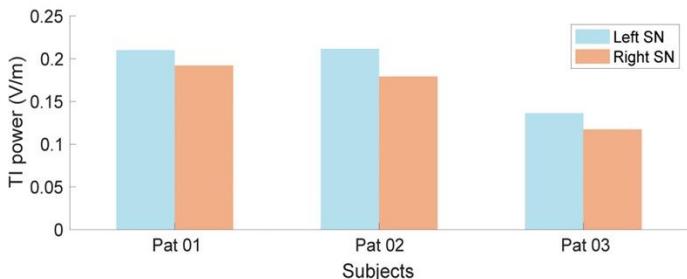




Bilateral STN 130Hz tTIS



B Median TI power in SN



The pilot results of TI treatment in motor disorder.

#Patient	Diseases	Gender	Age (years)	On-line/off-line	Stimulation duration	Total current intensity	Improved item (compared to baseline)	The change of score (baseline→during/after TI)
Pat 01	ET	Female	57	Off-line	20 min	2 mA	Continuity of resting tremor	2→1
Pat 02	PD	Female	70	On-line	~10 min	2 mA	Continuity of resting tremor	3→1
Pat 03	PD	Female	59	On-line	~10 min	1.5 mA	Amplitude of resting tremor (right upper limb)	2→1

The score 1 in continuity (Pat 01/02) of resting tremor refers to the time of tremors accounting for less than 25 % of the total assessment time, the score 2 refers to 26 % ~50 %, the score 3 refers to 51 %~75 %; The score 1 in amplitude (Pat 03) of resting tremor refers to the amplitude smaller than 1 cm, the score 2 refers to 1~3 cm. ET, essential tremor; PD, Parkinson's disease.

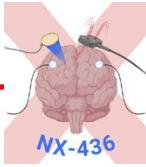


- Novel innovative neurotechnology extends the use of orchestrated non-invasive brain stimulation to **deep** brain structures (hippocampus, basal ganglia)
- Temporal Interference stimulation (**tTIS**) provides a **promising** opportunity to neuromodulate **non-invasively deep** brain structures like the
 - striatum (Wessel, Beanato *et al.* 2023 *Nature Neuroscience*; Vassiliadis *et al.* 2024 *Nature Human Behavior*)
 - hippocampus (Violante *et al.* 2023 *Nature Neuroscience*; Beanato, Yoon *et al.* 2024 *Science Advances*)
 - first applications in patients (TBI, Ploumitsakou *et al.* in prep; Parkinson, Liu *et al.* 2024; Zhang *et al.* 2024)
- Opens new promising **opportunities** for **novel non-invasive interventional strategies** for **neurological** and **psychiatric** disorders targeting deep brain structures involved in the pathophysiology or in the recovery process of the disorders
 - TBI or Stroke
 - Parkinson's
 - Dementia
 - Anxiety, Addiction
 - Apathy or Fatigue
- Next steps require further technological development and acquisition of strong clinical evidence
- Translation into daily clinical life



Open questions, challenges

- Parameter space (frequency)
- Higher topographic resolution
- Understanding of underlying mechanisms
- Personalized application
- Closed-loop stimulation
- Home-based self-application
- Proof-of-concept in clinical populations



Questions?